

BONAFIDE CERTIFICATE

This is to certify that Selvan / Selvi. _____

S/O or D/O _____ residing at

_____ has studied from _____ Standard to _____ Standard from the academic year

_____ to _____ in _____ .

S.No	Class	Year of Study	Name of the School	Type of School*
1	XII			
2	XI			
3	X			
4	IX			
5	VIII			
6	VII			
7	VI			

*Choose one of the following – (Government Panchayat Union School/Corporation School/Municipal School/Adi Dravidar and Tribal Welfare School/Kallar Reclamation School/Forest Department School/Other Schools Managed by Government Departments/Government Aided/Matriculation/CBSE/ICSE/Nursery and Primary)

Verified the above information in respect of the school last studied with the records and found correct.

Seal and Signature of the
Headmaster / Headmistress
Name: