

PODAR INTERNATIONAL SCHOOL (CBSE) AURANGABAD

DATE:

APPLICATION FOR OBTAINING BONAFIDE CERTIFICATE

STUDENT'S PARTICULARS

Name

Class

Section

Admission No.

Mother's/Father's/Guardian's Name :

Address

Mobile Number: _____

Landline Number: _____

REASON FOR APPLICATION

Signature of Parent

Note: Please submit the completed application form at our administrative office.