

Anjuman-i-Islam's  
M.H. SABOO SIDDIK POLYTECHNIC  
Mumbai-400008

Date :

APPLICATION FOR BONAFIDE CERTIFICATE

To,

The Principal,  
MHSS Polytechnic,  
Mumbai - 400008.

Name : \_\_\_\_\_ Branch \_\_\_\_\_

Roll No. \_\_\_\_\_ Year (1<sup>st</sup>/2<sup>nd</sup>/3<sup>rd</sup>) \_\_\_\_\_ Semester \_\_\_\_\_ (I/II/III/IV/V/VI)

Purpose for which the Certificate/Letter is required \_\_\_\_\_  
\_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Signature of Student

Remarks of Head of Deptt. & Sign.  
\_\_\_\_\_