PLEASE SUBMIT THIS FORM ON THE LETTER HEAD OF THE SCHOOL OR COLLEGE, ELSE IT WILL BE REJECTED

This is to confirm that	(Student Name)
Son/Daughter of Ms./Mr	is a bonafide
student of Class	in our school/college in the
year 2024-25.	
School/College Name:-	
Contact number of School/College:-	·
School/College Address:-	
Date:	
Signature of Principal with Stamp	