

Date:- _____

To,
The Head,
Dept. of Pharmaceutical Sciences,
Saurashtra University,
Rajkot.

Sub:- Request for Bonafide certificate

Dear Sir,

With reference to above mentioned subject, I am
_____ studying in _____. during the
Academic Year 20____ to 20____. I Request you to issue bonafide certificate
for the purpose of _____. Kindly to
the needful in this regard.

Student Sign

HOD