

THE NEW INDIAN SCHOOL W.L.L KINGDOM OF BAHRAIN

APPLICATION FOR BONAFIDE CERTIFICATE

Name of the Student
Grade:Div.:Admission No:C.P. R No:
Reason for applying for a Bonafide Certificate:
Name of Parent/Guardian
Mobile No: C.P.R No:
Date: Signature of Parent/Guardian
For Office:
Certificate issued: YES NO
Issue Date:
For Parent:
I hereby declare that I have verified all the details mentioned in the certificate and they are correct.
Date Received:

Received By:

Signature: