



# DELHI PUBLIC SCHOOL SURAT

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.**