

Bonafide Certificate for Scholarship

[Institution Name]

[Institution Address]

[Contact Details]

Date: [DD/MM/YYYY]

BONAFIDE CERTIFICATE

This is to certify that **[Student's Full Name]**, son/daughter of **[Parent's Name]**, is a bonafide student of **[Institution Name]**. They have been enrolled in the **[Course Name]** program under the **[Department Name]** since **[Start Date]**.

During their tenure, the student has consistently demonstrated academic commitment and has been an integral part of our institution. Their enrollment number is **[Enrollment Number]**, and they are currently in the **[Semester/Year]** of their program.

This certificate is issued upon the request of the student to apply for a scholarship. The institution fully supports their application and verifies that the information provided herein is accurate to the best of our knowledge.

We wish **[Student's Full Name]** the very best in their academic and professional pursuits.

Signature: _____

Name: [Head/Principal's Name]

Designation: [Head of Institution/Registrar]

Institution Seal: