

**To**  
**The Assoc Dean (AA),**  
**NIT Andhra Pradesh,**  
**Tadepalligudem**

**Date :...../...../.....**

**Subject:** Application for Bonafide Certificate

1	Name of the student: (In block letters)	
2	Name of Father / Guardian:	
3	Course & Branch:	
4	Roll No:	
5	APAAR ID (ABC ID):	
6	Semester of study:	
7	Purpose of Bona-fide Certificate:	<input type="checkbox"/> Scholarship <input type="checkbox"/> Education Loan <input type="checkbox"/> Passport <input type="checkbox"/> Others (_____)
8	Mobile No:	
9	Email:	

**Signature of the Student with date**

**Instruction for students: -**

1. Application is required to be submitted **at least 05 working days** in advance to the Exam section for the issue of the required certificate.
2. Incomplete application will not be considered.
3. Over writing will lead to rejection of application.

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**For Office Use Only**

No:.....Date:.....Prepared By:.....