AISSMS
COLLEGE OF PHARMACY
IMPARTING EXCELLENCE IN EDUCATION & RESEARCH
Approved by AICTE & PCI New Delhi, Recognized by the Government of Maharashtra,
2f, 12B recognition by UGC, Affiliated to Savitribai Phule Pune University
College ID No. PU / PN / Pharm / 117 / (1996)
Accredited by NAAC with 'A' Grade

To,
The Principal,
AISSMS, College of Pharmacy,
Kennedy Road, Near R.T.O.,
Pune – 411 001.

Sub.: - Bonafide Application for the Metro Pass / Bus Pass / Train Pass / Educational Loan / Medium of English Language for Taught / Character Certificate / Registration PCI Form / Educational Loan Purpose / Private or Government Scholarship scheme. / Another Reason_____.

Respected Madam / Sir,

As the above subject I am Ms./Mr._____studying in the Class I /II / III / IV Year B.Pharm. **OR** I / II Year M.Pharm. (P'Chemistry / P'Ceutics / Q.A. / P'Cology) of the Academic Year 20_____to 20_____. We need the Bonafide for the above said subject, the Details are below related to said subject: -

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Thanking you.

Yours Faithfully,

Signature of the Students.
Students Complete Name of the Students.: -
Contact M.No.: -
E-Mail No.:-
Date.: -

Class Teacher Sig. **Exam.Section Sign.**