



# **S. D. JAIN MODERN SCHOOL**

**U.M. ROAD, VESU CHAR RASTA, SURAT-395007.**

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**Affiliation No: 430048, School Code: 10037**

**DATE: \_\_\_\_\_**

## **APPLICATION FOR OBTAINING BONAFIDE CERTIFICATE**

### **STUDENT'S PARTICULARS**

**Student's Name: \_\_\_\_\_**

**Class & Section: \_\_\_\_\_ Admission No. : \_\_\_\_\_**

**Mother's/Father's/Guardian's Name : \_\_\_\_\_**

**Address: \_\_\_\_\_**

\_\_\_\_\_

\_\_\_\_\_

**Mobile Number: \_\_\_\_\_ Landline Number: \_\_\_\_\_**

### **PURPOSE FOR THE APPLICATION**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
**Signature of Parent**

\_\_\_\_\_  
**Signature of Principal**

**Note: Please submit the complete application form at our account's office.**