



**K J's Educational Institutes**  
**Trinity College of Pharmacy**

**(Degree & Diploma)**

[Approved by AICTE, PCI, DTE Maharashtra & Affiliated to Dr. Babasaheb Ambedkar Tech. University, Lonere  
& MSBTE, Mumbai]

AICTE Code-1-4996362271 PCI Code – 3805, DTE College code-6956, MSBTE code -1951

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Date:

**To,**  
**The Principal,**  
**Trinity College of Pharmacy,**  
**Pisoli, Pune – 411 048.**

Sub.: Application for Bonafied Certificate.

Respected Sir,

I, the undersigned Mr./Ms./Mrs. \_\_\_\_\_

Students of Trinity College of Pharmacy, Yewalewadi, Pune – 411 048 studying in D. Pharm/B. Pharm/M.

Pharm class of F.Y. / S.Y./ T.Y./ Final Year, Roll No. \_\_\_\_\_ during the year academic

year 20 ..... - 20.....

I required a bonafied certificate for the purpose of \_\_\_\_\_.

Therefore, I hereby request to you, kindly arrange to issue me a Bonafied Certificate.

Thanking you,

Yours faithfully,

(Signature of the Student)

Encl.: Latest photocopy of admission fee challan.