



Application for Bonafide Certificate

Admission No.	
Name of Student	
Name of Father	
Class & Section	
Date of Birth	
Place of Birth	
Purpose	

Date: _____

Signature of Parent/ Guardian/ Student: _____

*Please submit the filled form at the Front Office or email the scanned copy on enrolment.dpsbopal@kalorex.org cc to admission.dpsbopal@kalorex.org