



SWAMI ATULANAND HINDU MAHAVIDYALAYA

Parmanandpur, Shivpur, Varanasi 221002

BONAFIDE STUDENT APPLICATION FORM

Name of Student:		Enrollment No.:	
Father's Name:		Mother's Name:	
Course/Programme:		Year/Semester:	
Session:		Batch :	
Mobile No.:		E-mail :	
Date of Birth:		Aadhaar No.:	

Purpose for which Bonafide Certificate is required:

Declaration: I certify that the information given above is correct and I am a bonafide student of the College.

Date: _____

Student Signature: _____