



**Delhi Public School Vapi**  
run by **Nalanda Education Foundation**  
Koparli Ambheti Main Road, Nr. ISCKON Temple, Vapi, Gujarat - 396191  
Ph: 0260 2390100 / 9313444024 Email: info@dpsvapi.net

Date: \_\_\_\_\_

**APPLICATION FOR ISSUANCE OF BONAFIDE CERTIFICATE**

**APPLICANT'S PARTICULARS**

1. Name.....
2. Class ..... Section ..... Admission Number.....
3. Father's / Mother's / Guardian's Name.....
4. Address.....  
.....
5. Phones: ®..... (Father) ..... (Mother) .....

Please issue my child/ward mentioned above a certificate of him/her being a bonafide student of your school. This certificate is needed for the following purpose: \_\_\_\_\_  
\_\_\_\_\_

**Signature of Parent**

\_\_\_\_\_