



Application for Bonafide Certificate

1. Research Scholar Details:

Name of Research Scholar :
Enrollment No. :
Faculty/Discipline :
Mobile No. :
Registered Email ID :
Research Title :

2. Supervisor Details:

Name of Supervisor :
Designation :
Name of Institute :
Mobile No. :
Email ID :

3. Reason for request of Bonafide Certificate:

4. Declaration by Research scholar:

I, _____
do hereby assure that the Bonafide Certificate if issued to me shall only be used
for research and/or academic purpose only.

Place:

Date:

Signature of Research scholar



Dr. Subhash
University

Recommendation by Research supervisor: **Recommended** / **Not Recommended**

Remarks (if any):

Date:

Signature of Supervisor

For Office Use Only

Remarks of the Ph.D. Section (if any):

Dean/Director

Centre for Research & Development,
Dr. Subhash University – Junagadh.

Registrar

Dr. Subhash University – Junagadh.