# DEFENCE INSTITUTE OF ADVANCED TECHNOLOGY
# (DEEMED TO BE UNIVERSITY)

## Application Form for Bonafide Certificate

Date: \_\_\_/\_\_\_/_____

**To,**
**Joint Registrar (Academics)**
**DIAT, Girinagar,**
**Pune**

### Subject: - Application Form for Bonafide Certificate

**Student's Full Name: -**_____

**Programme Name: -**_____

**Registration Number: -** _____

**Purpose for which Bonafide Certificate is required: -** _____

_____

_____

**Contact Number: -** _____

**Documents to be submitted along with this application**

1) **Photocopy of Admission Form and Fee Receipt (Rs. 100/-) original for Fresh Candidate**

**OR**

2) **DIAT ID Card Photocopy for already Registered Candidate and Fee Receipt (Rs. 100/-) original**

**Student's Signature: -**

**Name of Student: -**

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**For Office use only**

**Date of Application Received: -**

**Date of Certificate Issued: -**

**Certificate Collected By: -**