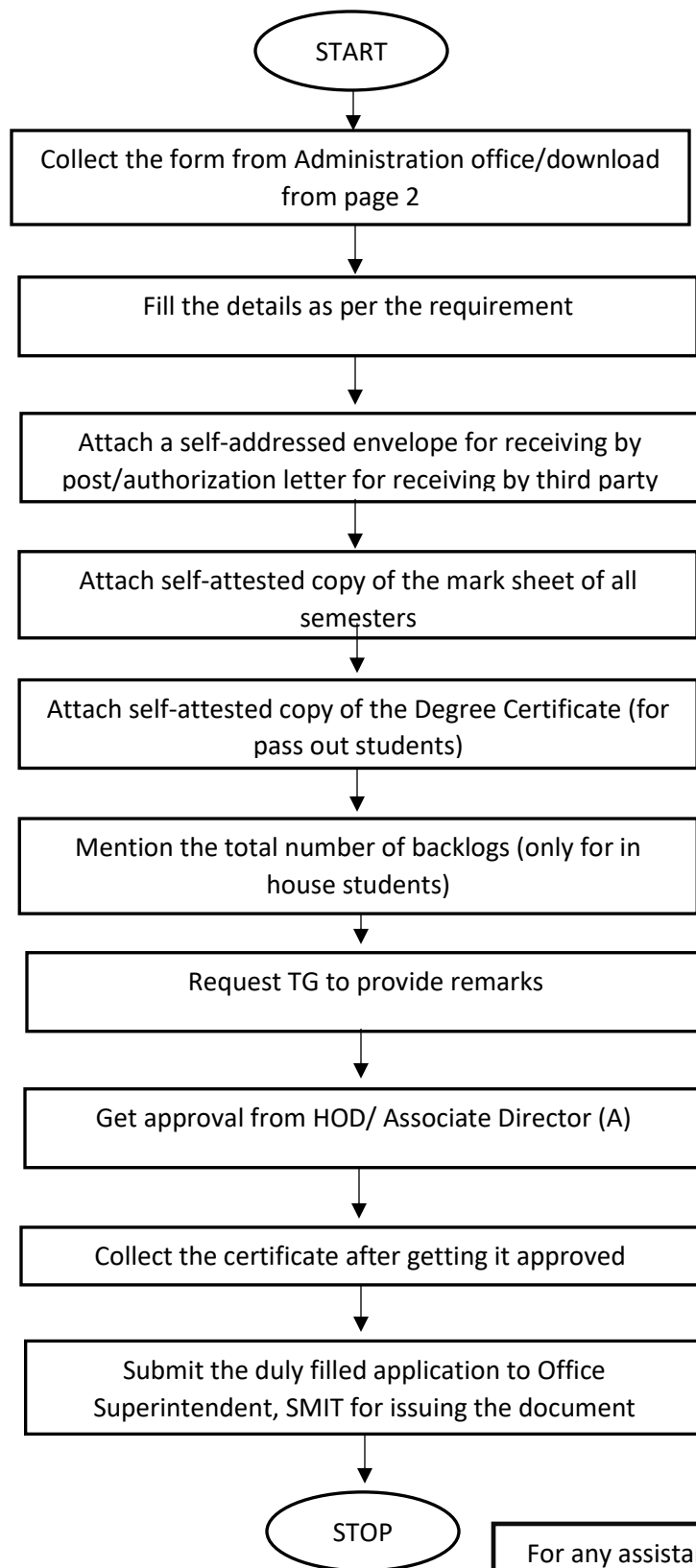


CERTIFICATE OF BONAFIDE/CHARACTER/MEDIUM OF INSTRUCTIONS



For any assistance contact Asst. Registrars, SMIT

1. Mr. Saumya Das (7076566858/
asstregistrar.admin@smit.smu.edu.in)
2. Mr. P.M. Pradhan (8984212456/
asstregistrar.acad@smit.smu.edu.in)
3. Mr. Ishwer Shivakoti (8768231697/
asstregistrar.compliance.smit.smu.edu.in)



**APPLICATION FORM FOR CERTIFICATE OF BONAFIDE/
CHARACTER/MEDIUM OF INSTRUCTIONS**

(Revised on May 2019)

1. Name in full: **Mr/Ms**..... Regn. No.
2. Parent's name Phone No.
(F/M/G#):
3. Dept./Branch Sem/Sec.
4. Email ID Phone No.
5. Hosteller/Day scholar. If hosteller, specify the Hostel/Room No:
6. Attachment of Self addressed stamped envelope for receiving by post/ Authorization Letter for receiving by Third party (only for pass out Students). **Institute will not be liable for any loss/non-receipt by the applicant.**
 - (iii) Authorization Letter: Yes/No
 - (iv) Self addressed stamped envelope: Yes/No
 - (v) P
 - (vi)
7. Supporting Documents attached.
 - (iii) Attested copy of the Mark sheet of the Current/Final semester: Yes/No
 - (iv) Attested copy of the Degree Certificate (for the Pass out Students): Yes/No
8. Reason for the said certificate:
9. Total nos. of backlogs (only for in-house students):
10. Signature of the student: Date:/...../.....
11. Remarks of the TG:.....
12. Remarks by Asst. Manager (Fin) about outstanding fees if any:
13. Approved by HOD/ Associate Director (A)*:Date:.....
14. **Duly filled in application endorsed/approved by the competent authorities along with supporting documents as stated above shall be submitted to the OS, SMIT for issuing the documents. [Contact No: 03592- 246117/ 246118/ 246119/ 246120 ext: 211]**

F: Father/M: Mother/G: Legal guardian – Strike out whichever is not applicable

*Associate Director (A) only for 1st year students and HODs for Higher semester students.