ST.JOSEPH’SDEGREE&PGCOLLEGE

(Autonomous), Affiliated to Osmania University

Re-accreditedbyNAAC (3rdCycle) withB++Grade

King Koti Road, Hyderabad

**FORM - IX**

**APPLICATION FORM FOR ISSUE OF BONAFIDE CERTIFICATE**

**Instructions:** The for mis to be filled by a candidate in English CAPITAL letter and in blue/black ink .Enclose photocopies of the required documents.

1. Name of the Student-------------------------------------------------  
 2. Father’s Name---------------------------------------------------------

3. Admission Number----------------------------------------------------

4. Roll No-----------------------------------------------------------------

5. Purpose of the Certificate--------------------------------------------

6. Name of the Program ------------------------------------------------

7. Year of Studying I, II, III------------------------------------------

8. Semester--------------------------------------------------------------

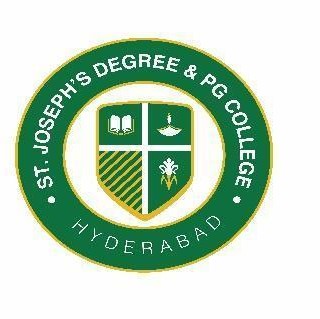
DECLARATIONBYTHESTUDENT  
**I,** (Name) hereby declare that the information furnished by me is correct to the best of my knowledge and belief.

**I request to issue BONAFIDE Certificate**

**DATE:** Full Signature of Student with date

# FORWARDED by:

**Signature of Fee Counter SIGNATURE OF THE PRINCIPAL with OFFICESEAL**

ST.JOSEPH’SDEGREE&PGCOLLEGE

(Autonomous), Affiliated to Osmania University

Re-accreditedbyNAAC (3rdCycle) withB++Grade

King Koti Road, Hyderabad

**FORM - IX**

**APPLICATION FORM FOR ISSUE OF CUSTODIAN CERTIFICATE**

**Instructions:** The form is to be filled by a candidate in English CAPITAL letter and in blue/black ink. Enclose photo copies of the required documents.

1. Name of the Student-------------------------------------------------------------  
 2. Father’s Name--------------------------------------------------------------------

3. Mother’s Name--------------------------------------------------------------------

4. Admission Number----------------------------------------------------------------

5. Roll No------------------------------------------------------------------------------

6. Purpose of the Certificate--------------------------------------------------------

7. Name of the Program ------------------------------------------------------------

8. Year of Studying I, II, III------------------------------------------------------

9. Semester------------------------------------------------------------------------

10.ENCLOSE WITH SSC CERTIFICATE OF PHOTOCOPY FOR **ATTESTATION** PURPOSE ITS MANDATORY.

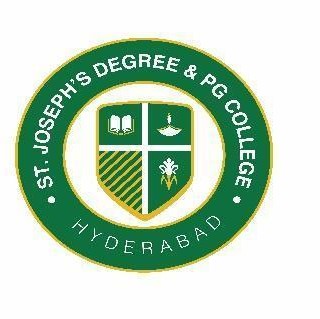
DECLARATIONBYTHESTUDENT  
**I,** (Name) hereby declare that the information furnished by me is correct to the best of my knowledge and belief.

**I request to issue Custodian Certificate**

Full Signature of Student with date

# FORWARDED by:

**DATE: SIGNATURE OF THE PRINCIPAL with OFFICESEAL**

ST.JOSEPH’SDEGREE&PGCOLLEGE

(Autonomous), Affiliated to Osmania University

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King Koti Road, Hyderabad

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1. Name of the Student-------------------------------------------------  
 2. Father’s Name---------------------------------------------------------

3. Admission Number----------------------------------------------------

4. Roll No-----------------------------------------------------------------

5. Purpose of the Certificate--------------------------------------------

6. Name of the Program ------------------------------------------------

7. Year of Studying I, II, III------------------------------------------

8. Semester--------------------------------------------------------------

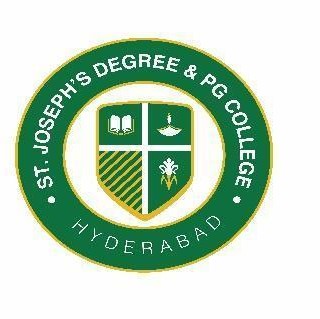
DECLARATIONBYTHESTUDENT  
**I,** (Name) hereby declare that the information furnished by me is correct to the best of my knowledge and belief.

**I request to issue BONAFIDE Certificate**

**DATE:** Full Signature of Student with date

# FORWARDED by:

**Signature of Fee Counter SIGNATURE OF THE PRINCIPAL with OFFICESEAL**

ST.JOSEPH’SDEGREE&PGCOLLEGE

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King Koti Road, Hyderabad

**FORM - IX**

**APPLICATION FORM FOR ISSUE OF CUSTODIAN CERTIFICATE**

**Instructions:** The form is to be filled by a candidate in English CAPITAL letter and in blue/black ink. Enclose photo copies of the required documents.

1. Name of the Student-------------------------------------------------------------  
 2. Father’s Name--------------------------------------------------------------------

3. Mother’s Name--------------------------------------------------------------------

4. Admission Number----------------------------------------------------------------

5. Roll No------------------------------------------------------------------------------

6. Purpose of the Certificate--------------------------------------------------------

7. Name of the Program ------------------------------------------------------------

8. Year of Studying I, II, III------------------------------------------------------

9. Semester------------------------------------------------------------------------

10.ENCLOSE WITH SSC CERTIFICATE OF PHOTOCOPY FOR **ATTESTATION** PURPOSE ITS MANDATORY.

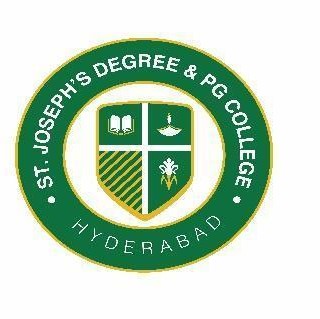
DECLARATIONBYTHESTUDENT  
**I,** (Name) hereby declare that the information furnished by me is correct to the best of my knowledge and belief.

**I request to issue Custodian Certificate**

Full Signature of Student with date

# FORWARDED by:

**DATE: SIGNATURE OF THE PRINCIPAL with OFFICESEAL**

ST.JOSEPH’SDEGREE&PGCOLLEGE

(Autonomous), Affiliated to Osmania University

Re-accreditedbyNAAC (3rdCycle) withB++Grade

King Koti Road, Hyderabad

**FORM - IX**

**APPLICATION FORM FOR ISSUE OF STUDENT ID CARD C ERTIFICATE**

**Instructions:** The form is to be filled by a candidate in English CAPITAL letter and in blue/black ink. Enclose photo copies of the required documents.

1. Name of the Student-------------------------------------------------(**As perinter/12th memo**)  
 2. Father’s Name---------------------------------------------------------(As per **inter/12th memo)**

3. Mother’s Name-------------------------------------------------------- (As per **inter/12th memo**).

4. Admission Number----------------------------------------------------------------

5. Roll No---------------------------------------------6. Purpose of the Certificate----------------------------

7. Name of the Program --------------------------------------------------------------------------.--

8. Year of Studying I, II, III------------------------------ 9. Semester--------------------------

10.Postal Address of the Candidate --------------------------------------------------------------

--------------------------------------------------------------------Pin Code ----------------------

Mobile No……………………Alternate Mobile no-----------------------------------------

Email ID----------------------------------

11. Student have to submit their declaration about the lost of ID Card on a **Stamp Paper** (Rs.20/-) to apply for the Duplicate ID Card.  
DECLARATION BY THE STUDENT  
**I,** (Name) hereby declare that the information furnished by me is correct to the best of my knowledge and belief.

**I request to issue Fee Structure Certificate**

**DATE:**  Full Signature of Student with date

# FORWARDED by:

**Signature of the Physical Education Director SIGNATURE OF THE PRINCIPAL with OFFICESEAL**