



St. Kabir

Indian International School

(CBSE Affiliation Code : 430365)

APPLICATION FOR BONAFIDE

(TO BE FILLED IN CAPITAL LETTERS ONLY)

Name of the Student : _____
Firstname Middle Initial Surname

Father's name : _____

Mother's name : _____

GR NO: _____ Grade : _____ Section : _____ Roll No.: _____

Date of Application : ___/___/___ Date of birth (as in certificate submitted) : ___/___/___

Reason for requesting for the Bonafide : (kindly tick the appropriate option):

- Aadhar Card Application : _____
- VISA/Immigration application : _____
- Swimming / Sports Camp Application : _____
- Applying for another school (name of the school) : _____
- Any other reason (specify) : _____

(In case of legal / Government related reasons, please also submit a passport sized photo of your ward.)

Mother's Name : _____ Signature : _____

Father's Name : _____ Signature : _____

----- Internal use -----

Application at school on ___/___/___ By : _____

Bonafide No issued : _____ Bonafide handed over on ___/___/___ To : _____