



# Karunya INSTITUTE OF TECHNOLOGY AND SCIENCES

(Declared as Deemed to be University under Sec. 3 of the UGC Act, 1956)

A CHRISTIAN MINORITY RESIDENTIAL INSTITUTION

AICTE Approved & NAAC Accredited

Karunya Nagar, Coimbatore - 641 114, Tamil Nadu, India

## Department of Biotechnology

### BONAFIDE CERTIFICATE REQUEST FORM

(To be filled-in by student & submitted to the mentor/class advisor for any requirements from office)

BONAFIDE CERTIFICATE

PROJECT (FULL / HALF)

INPLANT TRAINING

INTERNSHIP

IAESTE

(Tick whichever is applicable)

Name: \_\_\_\_\_ Father Name: \_\_\_\_\_

Reg. No. \_\_\_\_\_ Year: \_\_\_\_\_ Section: \_\_\_\_\_ Branch: \_\_\_\_\_

DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Hostel \_\_\_\_\_ Room No. \_\_\_\_\_

Purpose for which the Certificate is required \_\_\_\_\_

No. of Days: \_\_\_\_\_ From Date \_\_\_\_\_ To Date \_\_\_\_\_

Date: \_\_\_\_\_

Signature of the Student: \_\_\_\_\_

(To be filled-in by the Mentor & and submitted to Department Affairs Office)

a) Class Attendance Semester Wise

1 <sup>st</sup> sem.	2 <sup>nd</sup> sem.	3 <sup>rd</sup> sem.	4 <sup>th</sup> sem.	5 <sup>th</sup> sem.	6 <sup>th</sup> sem.	7 <sup>th</sup> sem.	8 <sup>th</sup> sem.

b) Overall CGPA \_\_\_\_\_ / Arrears \_\_\_\_\_

c) Dress Code \_\_\_\_\_ / Character & Conduct \_\_\_\_\_

d) Remarks / Recommendation of HoD: \_\_\_\_\_

Signature of Mentor / Project Guide

Signature of HoD

If required Inplant Training / Project (Full Address):

Signature of IPC