



OFFICE OF INTERNATIONAL RELATIONS
National Institute of Technology Tiruchirappalli
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Tamil Nadu, India

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Email: adidir@nitt.edu, deanid@nitt.edu

Certificate No.:

Date:

BONAFIDE CERTIFICATE

This is to certify that Mr./Mrs./Miss. _____ is a bonafide student of this Institute. His / Her details are given below.

1.	Name of the Student					Affix recent passport size photograph duly attested by the head of the institution
2.	Date of Birth:	Sex	M		F	
3.	Nationality:					
4.	Father's Name:					
5.	Passport No.:					
6.	Passport Issue Date:		Valid Till:			Signature of the Student
7.	Student Visa No.:		Visa Issue Date:			
8.	If applying for extension, date up to which extension recommended					Valid Till:
9.	Whether student visa issued is for this course and Institution. If no, whether permission of FRRO obtained for change of course/ Institution					
10.	Previous Residential Permit Validity:					
11.	Present Residential address in India:					
12.	Name of the Programme:					
13.	Institution Registration No. of the student (FSIS No.):					
14.	Name of the reference no. of the Recognizing authority of the Institution/ Course offered:					
15.	Course Period:	From:			To:	
16.	Year and semester of study:					
17.	Attendance Percentage in figures [for extension only]:					
18.	Purpose of issue of certificate [Registration/ Extension/ Exit/ Return Visa/ Others]:					
19.	Remarks, if any:					

Office Seal

Signature with date