

Dated: _____

To

The Principal/ Authorities

Gateway College of Pharmacy

Sector 11, Sonipat.

Subject: Requirement of Bonafide letter for Educational Loan Purpose

Respected Sir/Mam,

My name is _____ S/O,D/O _____. I have taken admission in your prestigious institute in _____ course. My financial condition is below average and I want to apply for the educational loan. So, you are kindly requested to please issue a bonafide letter mentioning the fee structure for whole duration of the course. I will be highly thankful to you.

Yours Sincerely,

(Signature of student)

(Signature of Parents)

Name of Student: _____

Name of Parent: _____

Contact No. _____

Contact No. _____

(Authority Signature)

Name of Authority: _____

Date: _____