

[ON COLLEGE LETTERHEAD]

BONAFIDE CERTIFICATE

This is to certify that Dr. [Full Name of Candidate], is a bonafide student of [Course Name – e.g., MDS in Pedodontics and Preventive Dentistry] at [Name of Institution], [City, State].

He/She is currently enrolled in the [Year – e.g., First/Second/Third Year] of the postgraduate program for the academic session from year..... to.....year.

This certificate is being issued upon the request of the candidate for the purpose of Student Membership application to the Indian Society of Pedodontics and Preventive Dentistry (ISPPD).

Date:

Place:

Signature of Head of Institution / HOD

[Name]

[Designation]

[College Seal]