



Government of Maharashtra

**Government College of Pharmacy, Chhatrapati Sambhajnagar**  
Osmanpura, Chhatrapati Sambhajnagar- 431 005 (M.S.) India  
Tel+91240 2346820, Email ID: [office.gcopaurangabad@demaharashtra.gov.in](mailto:office.gcopaurangabad@demaharashtra.gov.in),  
website - [gcpharma.ac.in](http://gcpharma.ac.in)



Ref.No.GCPCS/SS/202

Date:

**BONAFIDE CERTIFICATE**

This is to certify that Mr/Ms.\_\_\_\_\_ S/O or D/O  
\_\_\_\_\_ bearing college PRN Number \_\_\_\_\_ is/was  
bonafide student of this college and studying in class \_\_\_\_\_ B. Pharm/M.Pharm/Pharm.D course  
for the academic year 2024-25.

The bonafide certificate is issued to him/her for \_\_\_\_\_ purpose  
only. The certificate is given on her/his request.

Seal

**Principal**  
**Government College of Pharmacy,**  
**Chhatrapati Sambhajnagar**

**Note: Document to be submitted**

1. Student request Application
2. Current fee receipt
3. Mark Memo



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Ref.No.GCPCS/SS/202

Date:

**CHARACTER CERTIFICATE**

This is to certify that Mr/Ms.\_\_\_\_\_ Son/daughter of \_\_\_\_\_ bearing college PRN Number \_\_\_\_\_ is/was a bonafide student of this college and studied B. Pharm/M.Pharm/Pharm.D course in the academic year \_\_\_\_\_. To the best of my knowledge and belief, he/she bear a good conduct and moral charater.

Seal

**Principal**  
**Government College of Pharmacy,**  
**Chhatrapati Sambhajnagar**

**Note: Document to be submitted along with this certificate**

1. Student request application
2. Current fee receipt
3. Mark Memo



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## Certificate

### To whomsoever it may concern

This is to certify that Mr/Ms. \_\_\_\_\_ Son/daughter of  
\_\_\_\_\_ bearing college PRN Number \_\_\_\_\_ is  
bonafide student of this college and studying in class \_\_\_\_\_ B. Pharm/M.Pharm/Pharm.D course  
for the academic year 2024-25.

Following is the fee structure for I/II/III/IV/V/VI Year of B.Pharm/M.Pharm/Pharm.D course,

SR.NO	PARTICULARS	Fees
01	TUTION FEE	
02	DEV.FEE	
03	OTHER FEES	
04	UNIVERSITY FEES	
	<b>TOTAL</b>	

The certificate is issued to him/her for \_\_\_\_\_ purpose only.

**Principal**  
**Government College of Pharmacy,**  
**Chhatrapati Sambhajnagar**