



كلية رأس الخيمة للعلوم الطبية

STUDENT'S REQUISITION FOR BONAFIDE CERTIFICATE Date:___/__/20___ To The DEAN-RAKCODS Dear Sir, I Mr. / Ms._____, _____National, holding passport no. _____ registered in the academic year 20___, hereby kindly request you issue me a bonafide certificate in _____rabic/ ____glish for [mention the purpose] Signature of student College ID No.: Mobile No.: 0 5 **FOR OFFICE USE** Executive Assistant, RAKCODS to process the request. DEAN **RAKCODS**