

INSTITUTE OF BUSINESS ADMINISTRATION
KARACHI

BONAFIDE COMPLETION LETTER

FULL NAME: _____ FATHER'S NAME: _____

ERP ID: _____ CAMPUS: _____ PROGRAM: _____

ADMISSION YEAR: _____ PASSING YEAR: _____

ADMISSION TERM: _____ PASSING TERM: _____

CELL: _____ EMAIL: _____

PURPOSE: _____

- English Proficiency
- Saudi Format
- Hope
- Migration (NOC)
- Character Certificate

DATE: _____

SIGNATURE: _____