

VERIVICATION OF EDUCATIONAL DOCUMENTS FORM

(To be filled by the applicant)

Name of student: _____
(In Block Letter)

Father's Name: _____

Department / College: _____

Name of Examination: _____

Seat No. with Code & Year: _____

Present Address: _____

Contact No: _____

(Signature of the Applicant)

Date: _____

Note: **Student are directed that all all pre-requisite photocopies of the relevant documents must be attached.**