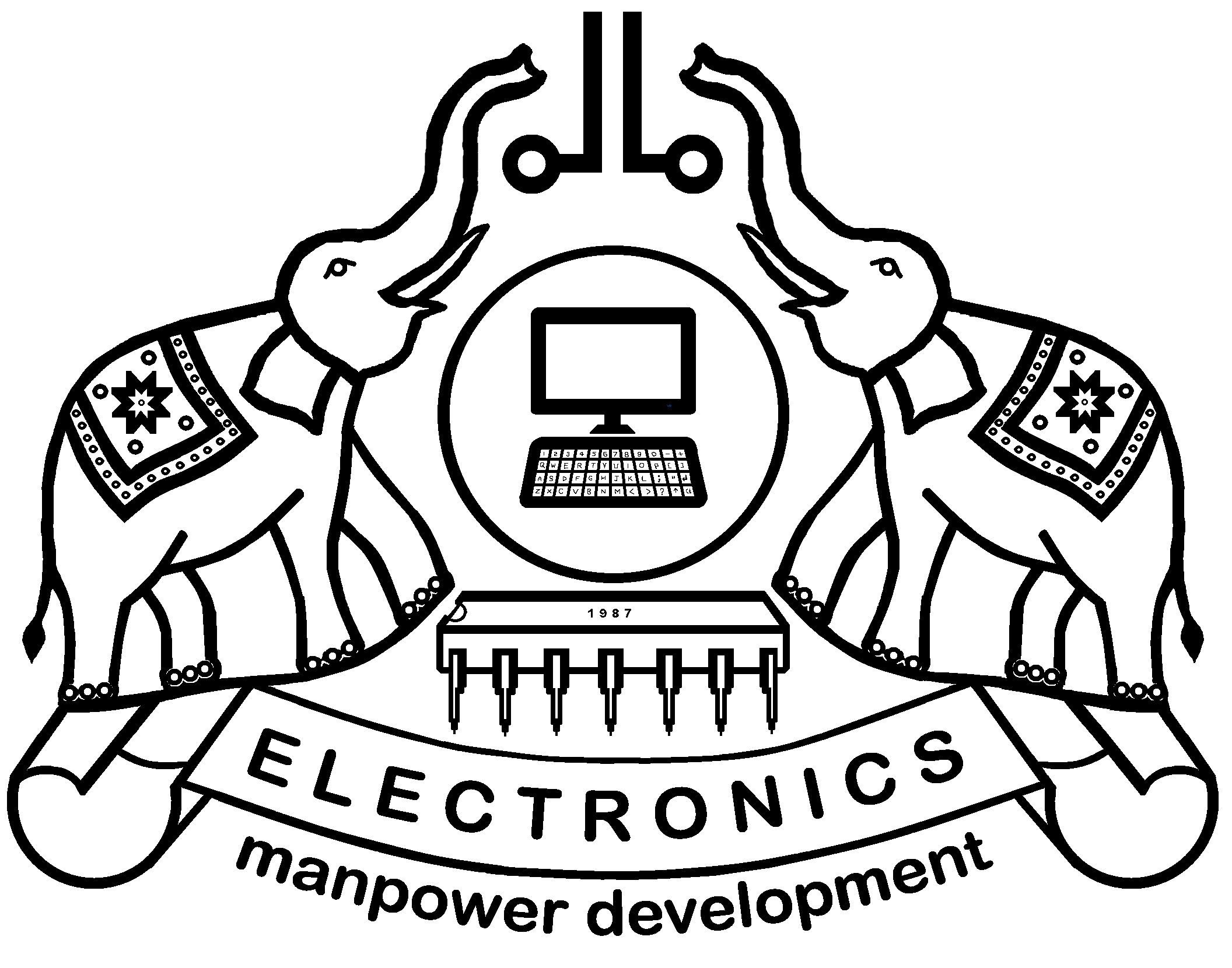
**College of xxxxxxxxxxxxxx, xxxxxxxxxxxxxx**

*(Managed by IHRD, A Govt. of Kerala undertaking)*

College address, Place, District-695 xxx. Kerala.

Ph: +91 47x 2xxxx Fax: +91 47x 2xxxxxxx [www.xxxx.ihrd.ac.in](http://www.xxxx.ihrd.ac.in) mail: [Principal@cxxxx. ihrd.ac.in](mailto:director@ihrd.ac.in)

**Application for Student Verification**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sl.** | **Particulars** | **Details claimed by the Applicant** | | |
| 1 | Name of Candidate |  | | |
| 2 | Date of birth |  | | |
| 3 | Name of University/Statutory board |  | | |
| 4 | a) Course attended |  | b) Branch : |  |
| 5 | a) Duration of Course |  | b) Scheme : |  |
| 6 | a) Admission No. |  | b) Year of study: |  |
| 7 | Month& Year of final semester exam. |  | | |
| 8 | Register No. of examination. |  | | |
| 9 | a) Result of Exam. as per records |  | b)Final year marks / Grade(CGPA) |  |
| 10 | Additional information required, if any |  | | |
| 11 | Details of documents attached for  verification*.(attach photocopy/ scanned image with email)* |  | | |

**Details of Institution/Agency requesting verification**

|  |  |  |
| --- | --- | --- |
| 1. | Name of employer for which information is requested |  |
| 2. | Name of verification agency/Institution |  |
| 3. | Address |  |
| 4. | Phone No. |  |
| 5. | Email ID |  |
| 6. | Name & designation of person  requesting information |  |
| 7. | Email-ID to which verification report to be send |  |
| 8. | Address to which verification report to be sent by registered post, if required. |  |
| 9. | Details of verification fee remitted | DD. No. ……………………………. For Rs. /- dated …………………………  Bank remittance on at branch |

*Note : 1. For each candidate use separate form. Fee for multiple candidates can be paid by a single DD drawn in favor*

*of Director/bank remittance. Fee once paid is non-refundable.*

*2. Processing Fee of Rs. 500/- per candidate ( Rs. 50/- extra towards postage, if report need to be sent by post) should be paid*

*in the form of DD drawn in favor of “****The Principal, Cxxxx, Place****” payable at “ SBT, xxxxxxxxx” or bank*

*transfer to the* ***SB account no. 570 xxxx xxxx (****IFSC code:* ***SBTR 0000XXX)***

*3. Verification report will be forwarded within 4 working days from the date of receipt of application..*