

DOCUMENT VERIFICATION FORM
Student/Third Party/Company/Govt Department

Student Details

Name of the Candidate :

Enrollment No:

Course/Department :

Specialization :

Year of Passing :

Aadhar Number :

Verifying Organization Details

Name of the Verifying Organization Address :

Purpose of Verification :

Signature of the Competent Authority & Seal :

For Office Use Only

Name of the Verifier :

Designation of the Verifier :

Contact No./E-mail ID of the Verifier :

Signature of the Verifier with Seal :

Verification Report:

Who are interested to verify the academic information of student of this University has to Mention The Below Address & Phone Number # 1 & 2 Floor, University Campus, 4th Main 3rd Cross Road, Saraswathipuram, Mysore-570009. Karnataka.
Ph:+918722991659, +918722991139(Add This Mobile Number To The Postal & RTI Verification)
Required Documents :1)Format 2)Student Aadhar Card 3)Verifying Organisation Request Letter Head 4)Marksheet copy