**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 mail: Principal@cxxxx. ihrd.ac.in

**Student Verification Report**

|  |  |
| --- | --- |
| Reference : |  |
| **Sl.** | **Particulars** | **Details claimed by the Applicant** | **Verification status** |
| 1 | Name of Candidate |  |  |
| 2 | Date of Birth |   |  |
| 3 | Name of University/Statutory Board |  |  |
| 4 | Course attended |  Branch :  |  |
| 5 | Duration of Course |  Years/Semesters Scheme :  |  |
| 6 | Admission No. |  Period of study: to  |  |
| 7 | Month& Year of final semester exam. |  |  |
| 8 | Register No. of University exam. |   |  |
| 9 | Result of Exam. as per Institution records |  Final year marks : /  Grade(CGPA) : n/a |  |
| 10 | Additional information, if any |  |  |
| 11 | Details of documents attached forverification*.(attached photocopy/ scanned image with email)* |  |  |
| 12 | Details of any information given in the form need to be corrected : |  |  |

**Details of Institution/Agency requested verification**

|  |  |  |
| --- | --- | --- |
| 1. | Name of employer for which information is requested. |  |
| 2. | Name of verification agency/ Institution/ Individual |  |
| 3. | Address |  |
| 4.  | Email-ID to which verification report to be send |  |

Date :

Prepared by:  Approved

Verified by :  Office Seal Sd/-

 Director

*(Forwarded in PDF format as email attachment.)*