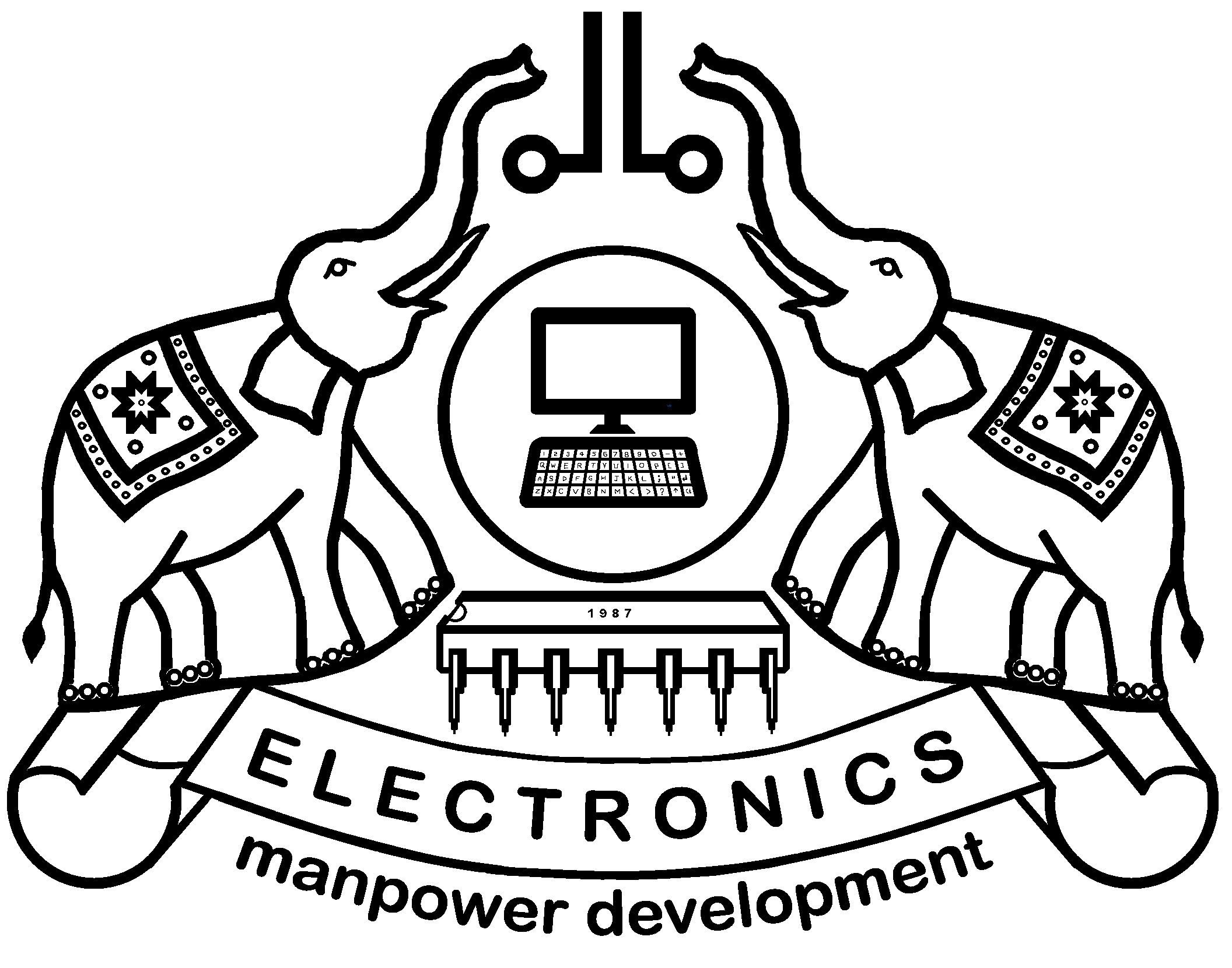
**Institute of Human Resources Development**

*(Established by the Govt. of Kerala)*

Prajoe Towers, Vazhuthacaud, Thiruvananthapuram-695 014. Kerala.

Ph: +91 471 2322 985 Fax: +91 471 2322 035 www.ihrd.ac.in mail: [director@ihrd.ac.in](mailto:director@ihrd.ac.in)

**Application for Student Verification**

**(for Certificates issued by Director, IHRD only)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sl.** | **Particulars** | **Details claimed by the Applicant** | | |
| 1 | Name of Candidate |  | | |
| 2 | a) Date of birth |  | | b) Sex : |
| 3 | Name of Institution where student has attended the programme |  | | |
| 4 | Course attended |  | | |
| 5 | a) Duration of Course |  | b) Scheme of study : |  |
| 6 | a) Admission No. |  | b) Year of study: |  |
| 7 | Month& Year of final/semester exam. |  | b) Register No. : |  |
| 8 | a) Result of Exam. as per certificate |  | b)Final marks : |  |
| 9 | Details of documents attached for  verification*.(attach photocopy/ scanned image with email)* | a) Certificate Serial number :  b) Mark list Serial number(s) : | |  |
| 10 | Additional information required to be verified, if any : |  | | |

**Details of Institution/Agency requesting verification**

|  |  |  |
| --- | --- | --- |
| 1. | Name of employer for which information is requested/verified. |  |
| 2. | Name of verification agency/Institution |  |
| 3. | Address of verification agency/Institution |  |
| 4. | Contact Phone No. |  |
| 5. | Email ID |  |
| 6. | Name & designation of person  requesting information |  |
| 7. | Email-ID to which verification report required to be send |  |
| 8. | Postal Address to which verification report to be sent by registered post, if required.  *(Add postage charges as per Note 2 below)* |  |
| 9. | Details of Processing fee remitted :  *Fee for soft copy of report by email: Rs.* ***714 /-*** *per candidate. (ie Rs.* ***600 + 18% GST*** *+****1*** *% Flood Cess )*  *Fee for Hard copy of report by post within India:*  *Rs.* ***774 /-*** *per candidate.*  *(ie Rs.* ***650 + 18% GST*** *+****1*** *% Flood Cess )* | a) Date of Bank Transfer : ………………………………………….  b) Transaction ID: ………………………………………………………  OR  c) Amount :  d) DD. No. …………………………………………. Date: ………………………… |

*Note : 1. Application should be submitted in the prescribed format only. For each candidate use a separate form.*

*2. Fee for multiple candidates can be paid by a single DD drawn in favor of Director or through bank remittance. Fee once paid is non-refundable.*

*3. Processing fee shall be paid by way of DD drawn in favor of “****The Director, IHRD, Thiruvananthapuram****” payable at*

*“* ***SBI, Vazhuthacaud*** ***branch****” or through bank transfer to the* ***SB account no. 570 2274 6825 (****IFSC code:* ***SBIN 0070033)***

*4. Please forward filled up form to the Director in the postal address shown above or through email to :* [*director@ihrd.ac.in*](mailto:director@ihrd.ac.in) *with a CC: to* [*ihrd.acad@gmail.com*](mailto:ihrd.acad@gmail.com) *. Verification report will be forwarded within 4 working days from the date of receipt of application with payment of fee. Contact: 0471-2322 985/2322 501 - Extn. 211(Academic section) for any clarification.*