Application for Verification of University Certificates (Photocopies/Original)

To, Registrar Shyam University, Dehlal-Didwana, Tehsil Lalsot, Distt. Dausa-303511, Rajasthan, India 1. Name of Applicant (Full name of person who is applying) (If applicant is Institution / Company / Third party write full name of Institution / Company / Third party) 2. Details of Institution/Company/Third Party (in case of applicant is Institution/Company/Third

2. Details of Institution/Company/Third Party (in case of Party)	of applicant is Institution/Company/Third
Email ID:	Contact No.:
Fax NoWebsite:	
Address:	
3. Details of candidate whose documents are to be verificated as a second control of the control	
Name of Candidate:	
Email ID:	Contact No
Name of College / School:	
Name of Course:	
Month & Year of completion of Course:	
Enroll. No.	
4. Please tick the appropriate box below [which type of	document to be verified]:
Statement of Marks: [Total Copies:]	Photocopy Original
Degree Certificate:	Photocopy Original
University Internship Completion certificate:	Photocopy Original
Passing Certificate:	Photocopy Original
	[Total Documents:]

5. R	eceiving Mod	e of ve	rified doc	ument	s: - (I	Please	tick t	he ap	propi	riate l	oox b	elov	v)			
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(i	ii) Photo copy	of the	documents	s which	need	ds to l	oe ver	ified	must	be cl	ear &	z rea	adabl	e.		
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Date: