



BANASTHALI VIDYAPITH
APPLICATION FOR VERIFICATION OF DOCUMENT

To,

THE SECRETARY,
BANASTHALI VIDYAPITH
P.O. Banasthali Vidyapith
PIN-304022 (Raj.)

Received Rs. _____ vide
Receipt no/DD No. _____
Date _____

Cashier

I/We request you to please verify the Genuineness of the Educational Qualification of the following(candidate):

Particulars:

1. Name of the Candidate : _____
(In Block Capital Letters)
2. Father's Name : _____
3. Mother's Name : _____
4. Details of Document Verification: _____

5. Program Name with Semester: _____
6. Smart Card ID No. : _____
7. Enrollment/SR. Number : _____
8. Address where required verified Document: _____

Yours Faithfully,

Date : _____

(Signature of the applicant in full)

Full Address of applicant

(with Designation & Institute/Agencies name & Address)

Note : Attached photocopy (both side) of the required verification of document.

BV/Exam/

Date : _____

TO BE FILLED IN BY THE UNIVERSITY OFFICE

Checked and verified document certificate no. _____ issued on _____.

Concerned Clerk