

**GOVERNMENT OF MADHYA PRADESH
DEPARTMENT OF HIGHER EDUCATION
MANTRALAY BHOPAL**

APPLICATION FORM FOR AUTHENTICATION OF ORIGINAL EDUCATION QUALIFICATION

- Note :
- 1 This form should be filled in Capital Letters only
 - 2 Furnishing wrong information or take documents for Authentication is Punishable Offence.

Affix Passport size photograph with name of the qualification holder

IMPOTERANT : PLEASE READ THE INSTRUCTION CAREFULLY BEFORE FILLING UP

P A R T - I

A	Name of the qualification Holder (as per educational documents)	
B	Male/ Female	
C	Nationality	
D	Date of birth of the qualification holder	
E	Passport Number	
F	Name of Father/Mother	
G	Present Full address	
H	Permanent Full Postal Address of qualification Holder (Including Tel. No if any)	
I	Employment i.e. designation, name and full address of the officer, etc.	
J	Details of present employment i.e. designation, name and full address of the office, etc.	
K	Propose for which authentication is sought including country of designation and whether got employment or not	

Details of original certificate of Diploma/Diploma

No	Name of the Examination	Year	Roll/Registration No	Name of the University/Board/Council /Instructions.

P A R T -II
FOR PERSONS PRESENTING FORM ON BEHALF OF QUALIFICATION HOLDER

1	Name	
2	Relationship with qualification	
3	Name of the father/Mother	
4	Occupation and officer address including Tel. No if any.	
5	If student, name of the course studying, College and address etc.	
6	Nationality	
7	Residential address with Telephone no if any	
8	Permanent address in home country	
9	Passport number	

P A R T -IV
UNDERTAKING

(TO BE FURNISHED BY ALL)

- 1 I, solemnly declare that the documents presented for authentication are original and the information given by me above are true to the best of my knowledge and belief. If the information submitted by me are found to be fake or information furnished by me are false, I am responsible for the same and action may be taken against me as is considered necessary
- 2 Received back all documents in original.

(Signature with Date)

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Name in full
(In Block letter)