

Govt. of Bihar
Deptt. of Science & Technology

Letter No. वि० प्रा० (II) विविध-23/07 (P-)

Dated:

From,

Deputy. Director (Tech)
Deptt. of Science & Technology
Bihar, Patna

To,

The Controller of Examination.

Sub : Regarding the Authentication of the Certificate.

Sir,

Kindly refer to Mr.

S/o. bearing Roll No.

Reg. No for the examination of the B.Sc./B.Tech.

(Engg.) in In the year(Annual)

held in the month of Year He

has applied for authentication of the Certificate. Attested Xerox copy of the Provisional/Original Certificate and mark sheet is sent to you for authentication.

Kindly sent the authentication from the record in your office.

Enclosures-As above

Yours faithfully

Deputy. Director (Tech.)
Deptt. of Science & Technology
Bihar, Patna

बिहार सरकार
विज्ञान एवं प्रावैधिकी विभाग

पत्रांक - वि० प्रा० (II) विविध-23/07(P-)

पटना, दिनांक-

प्रेषक,

उप निदेशक (त०)
विज्ञान एवं प्रावैधिकी विभाग,
बिहार, पटना ।

सेवा में,

श्री _____

विषय - प्रमाण- पत्र Authentication के संबंध में।

महाशय,

उपर्युक्त विषय के संबंध में कहना है कि आपके द्वारा Authentication के संबंधी आवेदन पत्र के साथ मानव संसाधन विकास विभाग पटना के पत्रांक- 1134 दिनांक-05.06.2007 के आलोक में Abroad के जाने संबंधी प्रर्याप्त साक्ष्य संलग्न नहीं किया गया है।

2 आपके द्वारा Authentication संबंधी आवेदन पत्र को आवेदन पत्र में अंकित दिशानिदेश के अनुरूप नहीं भरा गया है।

अनुरोध है कि उपरोक्त का अनुपालन करते हुए Authentication हेतु आवेदन पत्र समर्पित किया जाय।

विश्वासभाजन,

उप निदेशक (त०)
विज्ञान एवं प्रावैधिकी विभाग,
बिहार, पटना ।

2. Details of original certificates of Diploma/Degree sought to be authenticated:

S.No.	Name of Examinations	Year	Roll/Registration No.	Name of the University/Board/Council/Institutions

PART-II
PARTICULARS OF POSTAL ORDERS (EACH DENOMINATION TO BE GIVEN)

S.No.	P.O. No.	Date	Value
TOTAL AMOUNT IN RUPEES			

PART-III
FOR PERSONS PRESENTING FORM ON BEHALF OF QUALIFICATION HOLDER

1	Name	
2	Relationship with Qualification Holder	
3	Name of the Father/Mother	
4	Occupation and office 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	

PART - IV
UNDERTAKING (TO BE FURNISHED BY ALL)

1. I solemnly declare that the documents presented for authentications are original and genuine and the information given by me above are true to the best of my knowledge and belief. If the documents submitted by me are found to be fake or information furnished by me 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.....

Name in full (in block letters).....

MINISTRY OF HUMAN RESOURCE DEVELOPMENT
DEPARTMENT OF SECONDARY & HIGHER EDUCATION
NATIONAL SCHOLARSHIP DIVISION
A-1/W-3, CURZON ROAD BARRACKS, K.G.MARG, NEW DELHI-110001
TEL NO. 23382458, 23382549/EXT: 23

APPLICATION FORM FOR AUTHENTICATION OF ORIGINAL EDUCATIONAL QUALIFICATION

NOTE	1 This form should be filled in <u>Capital Letters</u> only.	AFFIX PASSPORT SIZE PHOTOGRAPH WITH NAME OF THE QUALIFICATION HOLDER
	2 Furnishing Wrong Information or Fake Documents for Authentication is <u>Punishable Offence</u> .	

IMPORTANT: PLEASE READ THE INSTRUCTIONS CAREFULLY BEFORE FILLING UP.

PART-I

1.	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 Postal Address	
	H)	Permanent Full Postal Address of the Qualification Holder (Including Tel. No. if any)	
	I)	Details of Present Employment i.e., Designation, Name and full address of the office, etc.	
	J)	If Qualification Holder is a student, indicate the Course studying, name of the College and address	
	K)	Purpose for which authentication is sought including Country of destination and whether got employment or not.	