Govt. of Bihar

Department of Science, Technology & Technical Education

Letter No. वि० प्रा० (V) विविध–23 / 07 (P-) Dated:

From,

O.S.D.

Department of Science, Technology & Technical Education,

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 for 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 form the record in your office.

Enclosures- As above.

Yours faithfully

O.S.D.

Department of Science, Technology & Technical Education,

Bihar, Patna.

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 **Capital Letters** only	
	2	Furnishing wrong information or Fake Documents for Authentication is **Punishable Offence**.	

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, Indicates the Course studying, name of the College and address.	
	K)	Purpose for which authentication is sought including Country of destination and whether get employment or not.	

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

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

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

S.No	P.O. No.	Date	Value

PART - III
FOR PERSONS PRESENTING FORM ON BEHALF OF QUALICATION 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 take 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) .....