



Office of the Controller of Examinations
MAHARANA PRATAP UNIVERSITY OF AGRICULTURE AND
TECHNOLOGY, UDAIPUR – 313 001, (RAJASTHAN)

**Application Form for Verification of Academic Documents
(To be filled in by the Applicant who requires verification)**

(Please read carefully the Instructions/Guidelines of Notification, dated- 13.04.2012)

1. Name of the student (in Block Letters) : _____
2. Father's Name : _____
3. Name of academic documents submitted for verification : _____
No. of documents : _____
4. Date, Month and Year of Passing the Degree : _____
5. Bank Draft No. _____ Date: _____ Bank _____
(If the application is sent by post) Amount of Bank Draft Rs. _____
6. University Receipt No. _____ Date: _____ Amount : Rs. _____
(If the application is submitted in person)
7. Address for Correspondence : _____

Telephone No. : _____ (Code No. : _____) M- _____

I will abide by the terms & conditions of the University mentioned in the notification for verification of academic documents.

Date : _____

Signature of Applicant

Enclosed documents No. _____

(for office use only)

Case No. _____

Date- _____

Mr./Mrs./Miss _____ has passed _____
from this University in the month _____. The applicant has submitted
the application along with required fees of Rs. _____ which is within the limit
of last five academic years OR beyond last five academic years and as per terms &
conditions the verification may be done.

Section Officer

Dealing Assistant

Date of verification of the academic documents : _____

Number of academic documents verified : _____

Controller of Examinations