

**MINISTRY OF HUMAN RESOURCE DEVELOPMENT  
DEPARTMENT OF SECONDARY & HIGHER EDUCATION  
SCHOLARSHIP DIVISION**

**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**.

AFFIX PASS-PORT  
SIZE PHOTOGRAPH  
WITH NAME OF THE  
QUALIFICATION  
HOLDER

**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 QualificationHolder :
  - 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

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

S.No.	Name of the 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.	I P O No.	Date	Value

TOTAL AMOUNT IN RUPEES Rs.....

**PART-III**

**(FOR PERSONS PRESENTING FORM ON BEHALF OF  
QUALIFICATION HOLDER)**

- A) Name :
- B) Relationship with Qualification Holder :
- C) Name of the Father/Mother :
- D) Occupation and office address including Tel No., if any :
- E) If student, name of the course studying :  
College and address etc
- F) Nationality :
- G) Residential Address (with telephone No. :  
if any
- H) Permanent address in home country :
- I) Passport Number :

**PART – IV**

**UNDERTAKING (TO BE FURNISHED BY ALL)**

1. I solemnly declare that the documents presented for authentication 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).....