**Veriﬁcation Form**



Solanki Brothers Council for Open and Distance Learning

**VERIFICATION FORM**

**Form No. Date ** 

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Student Name in Capital Letters .................................................................................................................................................

Father’s Name .............................................................................................................................................................................

Mother’s Name ............................................................................................................................................................................

Roll No. .......................................................................................................................................................................................

Registration No. ..........................................................................................................................................................................

Certiﬁcate Serial No.

(10th)

(12th)

Session

Year

If any other please write the name of the class in the BOX

Date of Birth (for 10th class only)

Private

Regular

**FEES DETAIL Name of the Bank**

**Draft No. / Challan No.**

**Amount**

**Date**

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Name, Full Address & Phone No. of the Applicant: ....................................................................................................................

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........................................................................................................................................................................................................ Phone No. ......................................................................

Signature of Student

Reason(s) for applying ....................................................................................................................................................................

Full Signature of the candidate in ENGLISH

Afﬁx one attested copy of Photograph of the writer here

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Full Signature of the Candidate in HINDI

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Ofﬁce Use Only

|  |  |
| --- | --- |
| **Case No.** ............................................................................. |  |
|  | **Superintendent Signature** |
| **Full Signature of attesting authority** |  |
| .............................................................................................. | **....................................................** |

**Important Instructions**

1. No Person is entitled to apply on Someone’s behalf or receive his or another person’s Veriﬁcation of Qualiﬁcation.
2. Attach one photocopy each of certiﬁcates of all the Examination passed.
3. The full postal expenses for dispatch of Veriﬁcation Certiﬁcate shall be borne by the applicant only. Fees of the veriﬁcation certiﬁcate is Rs. 500 and Postal charges are Rs. 200.
4. These will be directly mailed to the concerned Address by the ofﬁce within 21 working days from the date of receiving the completed application with full fee as per Board rules.
5. Bank Drafts for the full fee must be in favour of the Solanki Brothers Council for Open and Distance Learning & payable at India.
6. Applicant has to send Completely ﬁlled in Application Form in a thick Outer envelope of size 10-inch X 8.5 inch (25 cms. X

21.5 cms.) to the following Address through Speed Post or Registered Post of India post only (Dispatch by any other mode or through Courier will not be accepted)

The Chairman

Solanki Brothers Council for Open and Distance Learning



India

