

**GOVERNMENT OF MADHYA PRADESH
DEPARTMENT OF HIGHER EDUCATION
MANTRALAYA, BHOPAL**

APPLICATION FORM FOR AUTHENTICATION OF ORIGINAL EDUCATIONAL CERTIFICATES

- Note:
- 1 This form should be filled in Capital Letters only
 - 2 Furnishing wrong information or fake documents for Authentication is Punishable Offence.

Affix
Passport size
Photograph
attested by
self attested

IMPORTANT:- PLEASE READ THE INSTRUCTION CAREFULLY BEFORE FILLING UP

PART-I

1	Name of the qualification Holder (as per educational documents)			
2	Male/Female			
3	Nationality			
4	Date of birth of the qualification holder			
5	Passport Details	Passport Number	Issuing RPO	Date of Validity
6	Name of Father/Mother			
7	Present Full Address of Qualification Holder :-			
	House No.		Road	
	Mohalla		Tahsil	
	District		State	
	Pin Code		Phone No.	Mobile No.
8	Permanent Full Postal Address of Qualification Holder			
	House No		Road	
	Mohalla		Tahsil	
	District		State	
	Pin Code		Phone No	Mobile No
9	Present employment i.e. designation, name and full address of the office, etc.			
10	If qualification holder is a student- indicate the course studying, name of the college and address			
11	Propose for which authentication is sought including country of destination and whether got employment or not			

12. Details of original certificates of 10, 12 or 11, Diploma, UG, PG, M.Phil, Ph.D. Degree etc.

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

सामान्य प्रशासन विभाग के परिपत्र क्रमांक सी-3-3/2014/1/3 दिनांक 21 मई, 2014 में संलग्न प्राप्त

पत्रक
Self Declaration

I _____ Son/Daughter of shri _____ age _____
_____ Year _____ resident of _____
District _____ Madhya Pradesh, hereby declare that the information given above
and in the enclosed documents is true to the best of my knowledge and belief and nothing
has been concealed therein. I am cognized that the criminal/punishable proceedings may
be instituted against me, whether any false or delusive information is submitted. Also, all
the benefits availed by me shall be summarily withdrawn.

Signature

Name _____

Address _____

Place _____

Date _____

PART-II

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.	
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/ Pancard or Election card Number with photocopy	

NAME _____

(Signature)
(Behelp of Qualification Holder)

Address _____

PART-III

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

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