

**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 gazetted officer
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**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	<b>Present Full Address of Qualification Holder :-</b>				
	House No.		Road		
	Mohalla		Tahsil		
	District		State		
	Pin Code		Phone No.	Mobile No.	
8	<b>Permanent Full Postal Address of Qualification Holder</b>				
	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

**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	

**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)

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Name in full  
(In Block Letter)