

BUNDELKHAND ACADEMIC COUNCIL

An Autonomous Institute of AEG, Regd. By Govt. of India

An ISO 9001-2015 Certified Organisation



Certificate No.

Student Verification Form

Enrollment No.

Study Centre _____

Course _____ Duration _____ Session _____

Candidate Information

Please Fill in English BLOCK LETTERS

Name of Student _____

Father's Name _____

Mothre's Name _____

Address _____

Distt. _____ State _____ Pincode _____

Gender : Male ☐ Female ☐ DOB Category

Phone No. _____ Aadhar No. _____

Mobile No _____ E-mail ID _____

Marksheet Details

Serial No.	Enrollment No.	Course Name	Obtained Marks	Duration	Session	Issue Date

Respected Sir/Madam

This is Letter for My Marksheet Verification, So you are requested to verify my Details and Revert it as soon as possible.

Thank You...

Attached Documents (Photo Copy)

- ☐ 8th Marks Card (If Applicable)
- ☐ 10th Marks Card & Certificate (If Applicable)
- ☐ Downloaded Original Aadhar Card/ UID

Date

Candidate Signature