



Asia-Pacific Institute of Management, New Delhi
Office of the registrar

EDUCATION VERIFICATION REQUEST OF PASS OUT STUDENT

[Please send the duly filled-in form with enclosures to academic@asiapacific.edu]

1. Details of Institutions / Organisations :

Name & Designation of Contact Person			
Name of Institution / Organization			
Email ID		Contact Number	
Verification Type <i>(please tick)</i>	Direct	Third Party	

2. Verification Request for:

Name of Student			
Admission Number			
Academic Program		Branch(if any)	

3. Documents Attached for verification:

Consolidated Mark Sheet	
Degree Certificate	

Encl: Please enclosed; Self attested of Both side of Mark sheet, Certificate.

Date: _____

(Signature)

FOR OFFICE USE ONLY

<p>Verification: The facts, as stated above are CORRECT/NOT CORRECT as per records available. Remarks, if any: _____ _____</p> <p>Date: _____</p> <p align="right">Signature of Dealing Assistant</p>	<p>Date of Receipt of Application: _____</p> <p>Issuing Date of Verification Report: _____</p> <p>Date: _____</p> <p align="right">REGISTRAR (Academic)</p>
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