स्वामी सत्यानन्द विद्यापीठ
SWAMI SATYANAND VIDHYAPEETH

ANNEXURE - 8

APPLICATION FORM FOR DOCUMENT VERIFICATION

Enrollment No.	Year:
Roll No.	Details of payment made(Cash/DD)
Class:	Demand Draft No.:
School/Institute Name:	D. D. Date:
	Bank Name:
	Amount Paid Rs.:

#		
1.	**Name of the Student** (As per the Certificate-Cum- Marksheet)	
2.	**Address for Communication**	
3.	**Mobile**	PINCODE
4.	**E-Mail ID**	
5.	**Gender:**	Male Female Transgender
6.	**Year of Admission:**	Year of Completion:
7.	**Declaration:** I solemnly declare that the particulars given above are correct to the best of my knowledge. I also understand that if the information provided by me in the form is incorrect, incomplete or false, my application will be rejected upon detection at any stage.	

Place:

Date:

Signature of the Candidate

FOR VIDHYAPEETH USE ONLY

a.	**Application Inward Date:** Inward No.: Inward by:	
b.	**Certificate- cum -Marksheet Veri?ed & Verification Prepared by:**	c. **Recommendation of Controller of Examinations:**
d.	**Verification Letter issued on :**	**Receiver's Signature (If Applicable)**

INSTRUCTIONS

1)	Application should be made by the candidate in the prescribed format and should be submitted at: **Kulguru/Sachiv** **Swami Satyanand Vidhyapeeth** **Aacharya Baldev Bhavan, Vaishali Colony, Kashipur** **(U.S.Nagar) Uttarakhand - 244713**	
2)	The following document should be enclosed along with the **application form.**	
	a)	Photocopy of All Certificate - Cum- Mark sheets (Self Attested)
3)	The fee of Rs.1000/-for each marksheet verification should be paid in the form of Demand Draft in favour of the Swami Satyanand Vidhyapeeth & Payble at Kashipur (U.S.Nagar).	
4)	Fees will not be refundable and not adjustable in any case.	