APPLICATION FOR VERIFICATION OF GENUINENESS OF EDUCATIONAL CERTIFICATE

TO

THE CONSUL (EDUCATION)

CONSULATE GENERAL OF INDIA

DUBAI, U.A.E

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ s/o,d/o,w/o \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

permanent address ( as per passport) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_present

address (U.A.E) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_and presently working as

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (designation) in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(name/place of the

organization) holding Passport No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_issued at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_on\_\_\_\_\_\_\_\_\_\_\_\_\_\_

submit the following certificates for their verification and certification as genuine.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| S.No | Roll No. / Reg. No. | Examination Passed | Year of Passing | Name of State Board / University/ Institute of Higher learning. |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

I am aware of the penal consequences, which would attract in the event of these certificates being found to be fake or forged. I understand that the Consulate may convey details of such forgery to my employer / sponsor and the other concerned authorities in the Government of UAE for taking appropriate action. I am enclosing a demand draft for Rs/US $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ issued by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_drawn on \_\_\_\_\_\_\_\_\_\_\_\_\_ towards the fee require for verification.

Place: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CONSULATE GENERAL OF INDIA

DUBAI

NO. DUBA/EDU/327/01/10

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Forwarded for necessary action to:-

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fax No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_