इंदिरा गांधी उच्च विद्यालय और इंटरमीडिएट प्रमाणपत्र परीक्षा बोर्ड

INDIRA GANDHI BOARD OF HIGH SCHOOL & INTERMEDIATE CERTIFICATE EXAMINATIONS

A Self Autonomous and self Learning Private Organization

IGB Open Education (An Autonomous Organization), R.A. Road - 734001, Enquiry at: +91 80169 86493 (11:00 AM - 3:00 PM), Email address: contact.igbstudent@gmail.com

Application Form for Verification

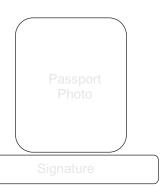
Instructions:-

Telephone Number with STD Code

Mobile Number

E-mail ID

- 1. Fill up the prescribed application form in Capital Letter
- 2. Enclose self attested copy of Documents that candidate required to be verified.
- 3. Submit the Verification Fees Rs. 500/- (per document) in the form digital mode only.



PART-I DETAILS OF APPLICANT

Name of the Applicant (Full name of person who is Applying, in case where the applicant is institution / Company write the full name of the Institution/Company

| Applicant Name | | | | | | | | | | | | | |
|----------------|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Company Name | | | | | | | | | | | | | |

Details of Registration (In Case Applicant is an Institute / Company):

| Name of the Act. under which institution / company Registered | |
|---|------------------------------------|
| | |
| Name of the authority with which institution / company Registered | d |
| | |
| Registration Number | |
| Postal Address: | |
| | |
| City | State |
| Telephone Number with STD Code | Fax Number |
| Mobile Number | WhatsApp Number |
| | |
| E-mail ID | Website |
| | |
| PART-II DETAILS OF CANDIDATE | WHOSE DOCUMENTS ARE TO BE VERIFIED |
| Name of the Candidate | |
| Postal Address: | |
| | |
| City | State |

Fax Number

WhatsApp Number

PART-III DETAILS OF DOCUMENTS BE VERIFIED

| Mark | sheets | Cert | tificate | Migration | | | |
|------|--------|------|----------|-----------|--|--|--|
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Purpose of Verification:

Fees Details: (The Fees to be paid by Digital Mode)

| Amount Paid (Rs.): | Online Payment Reference No. |
|-----------------------|------------------------------|
| Bank/UPI/Gateway Name | |
| Bank Branch Name: | |
| Date: | |

Signature of the Authorised Person/Candidate

Date