

**CERTIFICATE VERIFICATION REQUEST FORM**  
**(To be filled by Employer)**

**Requestor's Information**

1. Full Name (In Capital Letters) : \_\_\_\_\_
2. Company/Organization Name : \_\_\_\_\_
3. Position/Designation : \_\_\_\_\_
4. Address : \_\_\_\_\_  
\_\_\_\_\_
5. Contact Email : \_\_\_\_\_
6. Contact Phone Number : \_\_\_\_\_  
(Personal) : \_\_\_\_\_  
(Office) : \_\_\_\_\_

**Purpose of Verification**

**Briefly describe the purpose of the verification request:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Details of certificates for which verification is required for:**

Sr. No.	Certificate Number	Name of Candidate	Course Name

**Note:** Please attach copy of certificates of each candidate

Email ID on which verification details are to be sent: \_\_\_\_\_

NOTE: Please attach copy of official ID-Card OR Aadhaar Card.

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

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

Signature with Seal

Name: