

Date: ____/____/20____

To
The Superintendent SG-II (Academic),
First Floor, Golden Jubilee Administrative Building
National Institute of Technology Kurukshetra,
Kurukshetra, Haryana- 136119

Subject: Education Verification of Mr. /Ms. /Dr. _____
Roll No. /Reg. No. _____.

Dear Sir/Madam

We request you to kindly verify whether below candidate has successfully completed the Programme.

Student Education Details:-		Verification Remarks
Student Name		
Institute / University Name	National Institute of Technology/ Kurukshetra University Any other please specify _____	
Course Name with Specialization	B.Tech / M.Tech / Ph.D / MBA / MCA _____	
Duration of Study in Institute	July _____ to June _____	
Year of Passing with Month		
Degree Awarded Date		
Roll No. / Registration No. Of the Institute / University		
Marks / Percentage / Division / CGPA obtained		
Document enclosed (Degree/DMCs)	1 2. 3.	
Additional Comments if any		

Note:

1. We are enclosing the Degree Certificate/DMCs for your reference / verification
2. DD in Favour of "DIRECTOR, NIT KURUKSHETRA" of the amount of Rs 250/- enclosed as verification charges.
3. Please provide your Contact No., Address, Fax and E-mail ID (**Mandatory**) so that the verification may be sent at the earliest **preferably by e-mail**

**Signature of Representative
With Seal**

.....For Office Record.....

After due verification of academic records of the student Mr. / Ms. / Dr. _____
_____ Roll No./Registration No. _____ It is found that
the academic records of student are correct/ not correct.

Verifier's Signature:

Designation: Superintendent SG-II (Academics)

Contact No.: 01744-233228
E-Mail Id: academic@nitkkr.ac.in

Institute Seal