Date: ___ / __ /20___

To

The Deputy Registrar (Academic)
First Floor, Golden Jubilee Administrative Building
National Institute of Technology Kurukshetra
Kurukshetra, Haryana – 136 119

Subject: **Education Verification of Mr./Ms./Dr.**_____

Roll No./Registration No. _____

Dear Sir/Madam

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

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./MBA/MCA/Ph. D	
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 ₹ **500/-** 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 email

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: **Deputy Registrar (Academic)**

Contact No.: **01744233223**
E-mail ID: **academic@nitkkr.ac.in** **Institute Seal**