

To

The Faculty In-Charge (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

<u>Student Education Details:-</u>		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:** Faculty In-Charge (Academic)**Contact No.:** 01744233223**E-mail ID:** academic@nitkkr.ac.in**Institute Seal**