



CENTRE FOR DISTANCE EDUCATION
ACHARYA NAGARJUNA UNIVERSITY, Nagarjuna Nagar-522 510
CERTIFICATE VERIFICATION FORM

Batch of Admission :

Enrollment No./Application No. :

Student Name :

Phone No. :

S/o (or) D/o :

Course Admitted :

Certificates Produced :

Sl.No.	Certificate Type	Original	Xerox Enclosed
1	10TH (S.S.C.)	<input type="checkbox"/>	<input type="checkbox"/>
2	Inter (10+2)	<input type="checkbox"/>	<input type="checkbox"/>
3	UG Degree (Original)	<input type="checkbox"/>	<input type="checkbox"/>

Note :- Incase, certificates produced by me are found Fake or Forgery, I will be responsible for any legal action taken by the University against me.

Signature of the Student

Verified by

Signagure

Name :

Designation :

Entered by

Server Room I/c

Encls:

Date of Birth Certificate (SSC)

Inter Certificate

Lower Degree Certificate