

Arunachal University of Studies, Knowledge City, NH-52, Namsai, Arunachal Pradesh - 792103

## **Application for Verification (Express Mode)**

The Information will be dispatched within 4 Weeks from the receipt of complete Application.

	FILL THE DETAILS IN BLOCK LETTERS
Name of Verifi	er :
Name of	
Organization	: <del>-</del>
Address	:- <u></u>
	PIN
EMAIL:-	MOBILE :
Purpose of Ver	
Entro Doutionle	
Entre Particula	rr to be verified by the University :
Caution Dl montion	address correctly. The university shall not be held responsible for adverse consequences arises due to wrong address.
Gaution . Ft mention	MODE of PAYMENT
<ul> <li>Enclosed</li> </ul>	Demand Draft of ₹ 2,500/- in Favor of Arunachal University of Studies Payable at Namsai, Arunachal
Pradesh.	
• Enclose T	OR 'ransaction Slip of ₹ 2,500/- of Online Transfer in the Account of Arunachal University of Studies,
	No. 33162597948, IFSC Code : SBIN0013311, State Bank of India, Namsai, Arunachal Pradesh
	<u>DECLARATION</u>
We hereby declar	e that we have obtained consent from the candidate for verification of their credentials. We also, agree
that we will use t	he information provided by the university for our own purpose and not for any other organization or
individual. We un	derstand that the information provided is not for public circulation. We also agree that disputes, if any
arises by virtue o	f university reply, the place of taking legal action is subjected to the jurisdiction of Namsai, Arunachal
Pradesh.	
Signature of App	licant Date :
	MANDATORY ENCLOSURES
<ul> <li>Dema</li> </ul>	and Draft or Online Transaction Slip.

Enclose the particulars to be verified.

Consent from concerned candidate for verification.