



SoftBrain, SCO 263, Sector 44 – C, Level – II, Chandigarh
Office: 0172 – 5014690
Mobile: 098141-69190
Website: www.softbrain.org

APPLICATION FORM FOR VERIFICATION / DUPLICATE OF STUDENT CERTIFICATES

(Candidate has to pay fee RS. 500/- for Certificate Verification / Duplicate Certificate. The fee Should Be Sent through Demand Draft Only in the favour of " Softbrain Informatic Technologies" Payable at "Chandigarh")

- 1. Student Name : _____
- 2. Father's Name : _____
- 3. Permanent Address : _____

- 4. Contact No : _____
- 5. Course Name : _____
- 6. SB Registration No. : _____
- 7. Year of passing : _____
- 8. Study Period : _____ TO _____
- 9. Examination Centre Name : _____
- 10. Exam Centre City & Code : _____
- 11. Purpose of verification : _____

PASTE
YOUR
PHOTO
HERE

PAYMENT DETAILS:-

DD NO. _____ Amount _____ DATE _____ Bank Name _____

I _____ S/D/o _____ Authorize
"SoftBrain " office to Release my Course Information to Party Listed bellow.

Addressee:-

STUDENT SIGNATURE:

DATE : _____
PLACE: _____

Documents To be Attached:

- ❖ Photocopy of all certificates/Academic Transcript Dully Attested By Notary/Gazeted officer.
- ❖ Photocopy of Address Proof(ADHAAR CARD/Voter ID/Driving licence/Passport)Dully Attested by Notary/Gazeted officer.
- ❖ Two latest colored Passport Size Photograph .

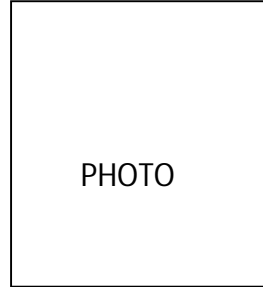


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(FOR OFFICIAL USE ONLY)

To

PHOTO



Subject : Verification of _____

Ref. No : _____

Dear Sir,

This is certified that Mr. /Ms. _____

S/D/O Mr. _____

Having SB Registration No. _____ has been successfully completed the

Course _____

With _____ marks in _____ Grade.

In the period from _____ to _____ at our

Authorized Centre _____

Thanking you.

This is verified that the Certificate is genuine.

Verified By:

Department Of Examination

Dated: