To

The Deputy Registrar (Academic),

Indian Institute of Information Technology Sonepat, Haryana- 131029

Date: /\_ /20

**Subject: Education Verification of Mr. /Ms. /Dr. Roll No. /Reg. No. .**

Dear Sir/Madam

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

with

|  |  |
| --- | --- |
| **Student Education Details:-** | **Verification Remarks** |
| Student Name |  |  |
| Institute / University Name | Indian Institute of Information Technology, SonepatAny other please specify  |  |
| Course | Name |  |  |  |
| Specialization |  |  |  |
| Duration | of | Study | in July to June  |  |
| Institute |  |  |  |  |
| Year of Passing with Month |  |  |
| Degree Awarded Date |  |  |
| Roll No. / Registration No. |  |  |
| Of the Institute / University |  |  |
| Marks / | Percentage | / |  |  |
| Division / CGPA | obtained |  |  |  |
| Document |  | Enclosed 1. |  |
| (Degree/DMCs) |  |  | 2. |  |
|  |  |  |  | 3. |  |
| Additional Comments if any |  |  |

B.Tech

**Note:**

**1.** We are enclosing the Degree Certificate/DMCs for your reference / verification.

**2.** DD in Favor of “Indian Institute of Information Technology of the amount of Rs. 250/- enclosed as verification charges.

**3.** Pls provide your contact no., address, fax and e-mail id so that the verification may be send at the earliest preferably by e-mail.

**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:**

**Verifier’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Designation: DEPUTY REGISTRAR (ACADEMICS)**

**Contact No.: 01744-233189**

**E-Mail Id: sonepatiiit@gmail.com Institute Seal**