

C.No.....

GOVERNMENT OF ANDHRA PRADESH
GENERAL ADMINISTRATOR(IC) DEPARTMENT

APPLICATION FORM FOR AUTHENTICATION OF ORIGINAL EDUCATIONAL
QUALIFICATION

NOTE	1	This form should be filled in <u>Capital Letters</u> only.	AFFIX PASSPORT SIZE PHOTOGRAPH OF THE QUALIFICATION HOLDER
	2	Furnishing Wrong Information or Fake Documents for Authentication is <u>Punishable Offence.</u>	

IMPORTANT: PLEASE READ THE INSTRUCTIONS CAREFULLY BEFORE FILLING UP.

PART- I

1.	A)	Name of the Qualification Holder (As per Educational Documents)	
	B)	Male/Female	
	C)	Nationality	
	D)	Date of Birth of the Qualification Holder	
	E)	Passport Number	
	F)	Name of Father/Mother	
	G)	Present Full Postal Address	
	H)	Permanent Full Postal Address of the Qualification Holder (Including Tel. No. if any)	
	I)	Details of Present Employment i.e., Designation, Name and full address of the office, etc.	
	J)	If Qualification Holder is a student, Indicate the Course studying, name of the College and address	
	K)	Purpose for which authentication is sought including Country of destination and whether got employment or not	

2. Details of original educational certificate(s) duly notarized by
Sri sought to be authenticated :

S.No.	Name of the Examinations	Year	Roll/Registration No.	Name of the University/Board/Council/Institutions

PART-II

PARTICULARS OF PAYMENT THROUGH COURT FEE STAMPS

TOTAL AMOUNT COURT FEE STAMPS AFFIXED ON THE APPLICATION	Rs.
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PART-III
FOR PERSONS PRESENTING FORM ON BEHALF OF QUALIFICATION
HOLDER

1	Name	
2	Relationship with Qualification Holder	
3	Name of the Father/Mother	
4	Occupation and office address Including Tel No., if any	
5	If student, name of the course studying, College and address etc.	
6	Nationality	
7	Residential Address (with Telephone No, if any	
8	Permanent address in A.P. .or in .home country	
9	Passport Number	

PART – IV

UNDERTAKING (TO BE FURNISHED BY ALL)

1. I solemnly declare that the documents presented for authentications are original and genuine and the information given by me above are true to the best of my knowledge and belief. If the documents submitted by me are found to be fake or information furnished by me false, I am responsible for the same and action may be taken against me as is considered necessary.

Signature with date.....