

REQUEST FOR DECLARATION OF VALUE

I, UNDERSIGNED (Name & Su BORN AT (Place of Birth):	•						
PASSPORT No.:	ADDRESS IN IN	NDIA:	· · · · · · · · · · · · · · · · · · ·	OII (Dau			
PHONE NUMBER/EMAIL: EDUCATIONAL CERTIFICA DATE OF ISSUE OF CERTIF	TE TITLE (as on deg	ree/certificate)	:				
Kindly specify:							
1. The Institution that has is	sued the certificate is:						
☐ Govt. Recognized							
☐ Private but legall	• •						
•	n official organization						
□ Autonomous							
2. The level of the institutio		ertificate is:					
□ School level (XII	,						
☐ University level (
☐ Pre degree/Diplo ☐ Professional form	ma nation/Post Graduate						
3. Legal duration of the cou							
4. Years of studies from firs							
5. Marks obtained in	numbers and	percentage		collocation		grading	scale:
6. The certificate gives acce				•••••	• • • • • • • • •		•••••
☐ Bachelor (3-4 year							
☐ Master (2 years n	·						
☐ Specializing Mas	·						
□ PhD	•						
☐ Post Graduate co	urse						
☐ Other (if yes spec	eify):						
REQUEST YOU TO KINDLY	ISSUE A DECLARA	ATION OF VA	LUE F	OR THE FO	LLOW	ING REA	SON:
FOR STUDY (name of the Unive FOR WORK (name of the Compa							
The undersigned hereby authorize	zes Mr/Ms					to	submit
the application and/or to collect the							5401111
The undersigned hereby declares compliance with the Regulation of			rmation	on the protec	tion of	f personal	data, in
Date			Signature				