



# INDIAN INSTITUTE OF MANAGEMENT AND TECHNICAL EDUCATION

(Autonomous Body, Registered Under Govt of Karnataka)

## VERIFICATION FORM FOR GOVT.SECT/EMBASSIES/PVT.SECT

Student Name in Capital Letters	
Father's Name	
Mother's Name	
Roll No.	
Registration No.	

Certificate Serial No.

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Session

year

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Date of Birth (for 10th class only)

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If any other please writes the name of the class in the BOX

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FEES DETAIL

Name of the Bank

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Deposit Slip No.

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Private

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Regular

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Amount .....

Date .....

Full Address & Phone No. of the Applicant : .....

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City ..... Dist ..... State ..... Pin code .....

Phone No .....

Signature of Applicant

Reason(s) for applying .....

Full Name and designation of Officer/Head of Company

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.....

Signature and Stamp of Applicant .....

stamp

Office Use Only

Case No. ....

Full Signature of attesting  
authority

.....

Official  
Stamp

Administrator signature

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