

BIRLA INSTITUTE OF TECHNOLOGY & SCIENCE, PILANI, PILANI-CAMPUS
Academic Registration & Counselling Division

Verification of Qualification

Extracts from Circular No.: ARC/T/13/ dated July 01, 2015:

The following charges shall be applicable for **verification of qualifications** and issue of **duplicate Academic Records**.

ITEM	Charges for Request for a Client		Remarks
	in India (Rs.)	Abroad (US \$) (or equivalent in any currency)	
Verification of qualifications			
(a) by Employer/Government agencies/Consulates/Universities	Nil	Nil	per candidate
(b) by Private agencies	3000	150	per candidate
Mailing Charges shall be as follows:			
(a) By Registered Post (per copy):			
(i) Within India	80	10	per copy
(ii) To foreign countries (by Air)	100	10	per copy
(b) By Speed Post (per copy):			
(i) Within India	100	10	per copy
(ii) To foreign countries (by Air)	1000	25	per copy
(c) By Fax/e-mail:	100	10	per Fax / e-mail

Notes:

- 1. Telephonic or verbally verification of Qualification is NOT being done by BITS.**
- Payment shall be made by a **Demand Draft** drawn in favour of *BITS Pilani* on UCO/SBBJ/SBI/ICICI/Axis and others Bank. **Outstation Cheques/ Drafts are not accepted.**
- ID.No. (or Roll No.) or Year of admission, year of graduation, degree received** or a copy of the document submitted by the candidate for verification **MUST** be given without which it will not be possible to process the request.
- Request shall be made in the enclosed proforma. Requests with **incomplete / incorrect information** will not be processed.
- Request along with correct payments shall be sent to:

The Associate Dean
Academic Registration & Counselling Division
B.I.T.S., PILANI – 333 031 (RAJASTHAN) INDIA

DEAN

Requisition for VERIFICATION OF ACADEMIC RECORDS

To
The Associate Dean
ARC Division
BITS, PILANI

<u>For office use</u>	
Requisition No.	<input style="width: 95%;" type="text"/>
Payment Verified	

Sir,

Please issue me the following (ticked ✓) for:

IDNO.: _____ **NAME:** _____

	Copies	Charges	Total charges
<input type="checkbox"/> Verification Letter	<input style="width: 80%;" type="text"/>	___ per copy	_____
Postal charges (<input type="checkbox"/> Registered Post/ <input type="checkbox"/> Speed Post/ <input type="checkbox"/> Email)			
Total amount payable Rs.:			<input style="width: 100%;" type="text"/>

Payment Enclosed by _____

(Give details of DD etc.)

Requester Details:

Requester's Name: _____ Designation _____

Name of Requester's Company: _____

Address: _____

e-mail: _____ Fax _____ Phone _____

Client's Details:

Client's Name: _____ Designation _____

Name of Client Company: _____

Address: _____

e-mail: _____ Fax _____ Phone _____

Please send the document(s) to: <input type="checkbox"/> by Speed Post <input type="checkbox"/> by Registered Post <input type="checkbox"/> by Fax <input type="checkbox"/> by e-mail [Please tick appropriate box <input checked="" type="checkbox"/>]	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> </table>				

Date: _____

Requester's Signature

Note: Request received with incomplete/incorrect information will not be processed.

<u>For office use (Details of dispatch)</u> Dispatched by: <input type="checkbox"/> SP/ <input type="checkbox"/> RP/ <input type="checkbox"/> E-mail Dispatched on : _____ Dispatch No : _____ Signature of Dispatcher: _____	<u>Received</u> _____ Signature with date
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