

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

Verification of Qualification

Extracts from Circular No.: ARC/T/13/ dated May 01, 2018:

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	100	10	per copy
(ii) To foreign countries (by Air)	200	15	per copy
(b) By Speed Post (per copy):			
(i) Within India	100	10	per copy
(ii) To foreign countries (by Air)	1800	30	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 (DD)*** drawn in favour of ***BITS, Pilani*** on ***Axis/ICICI/SBI/Yes/UCO Bank*** and others or ***International Money Order*** in favour of ***BITS, Pilani***. ***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

Associated DEAN

Requisition for **QUALIFICATION of VERIFICATION ACADEMIC RECORDS**

To
The Associate Dean
ARC Division
BITS, PILANI

<i>Only for office use</i>	
Requisition No.	<input style="width: 90%;" type="text"/>
Signature	

Sir,

Please issue me the following (ticked ✓) for:

ID.NO.: _____ **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.:

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: _____	<i>Received</i> _____ Signature with date
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