



SoftBrain Informatic Technologies  
 HBF # 515/1, 1<sup>ST</sup> Floor, Sector 45-A,  
 Chandigarh (U.T.) Pin - 160047  
 Mobile: 098141-69190, Website: www.softbrain.org

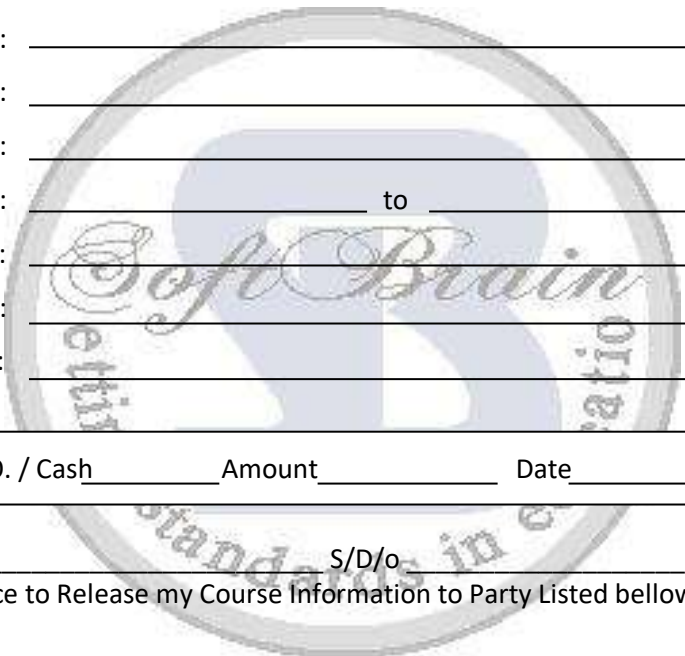
**APPLICATION FORM FOR VERIFICATION / DUPLICATE OF STUDENT CERTIFICATES**

Candidate has to pay for Verification / Duplicate Cerificates, Fees - Rs. 500/- will be charged for 5 proceeding years from current year; Fees - Rs. 1000/- for 10 proceeding years from current year and Rs. 2000/- for beyond 10 years from current Year.

The fee Should Be Sent through Demand Draft Only in the favour of " Softbrain Informatic Technologies" Payable at "Chandigarh"

1. Student Name : \_\_\_\_\_
2. Father's Name : \_\_\_\_\_
3. Permanent Address : \_\_\_\_\_  
\_\_\_\_\_
4. Contact No : \_\_\_\_\_
5. Course Name : \_\_\_\_\_
6. SB Registration No. : \_\_\_\_\_
7. Year of passing : \_\_\_\_\_
8. Study Period : \_\_\_\_\_ to \_\_\_\_\_
9. Affiliate Centre Name : \_\_\_\_\_
10. Affiliate Centre City/Code : \_\_\_\_\_
11. Purpose of verification : \_\_\_\_\_

PASTE  
YOUR  
PHOTO  
HERE



**PAYMENT DETAILS:** DD NO. / Cash \_\_\_\_\_ Amount \_\_\_\_\_ Date \_\_\_\_\_ Bank Name \_\_\_\_\_

I \_\_\_\_\_ S/D/o \_\_\_\_\_

Authorize "SoftBrain " office to Release my Course Information to Party Listed bellow.

**Addressee:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

STUDENT SIGNATURE:

DATE : \_\_\_\_\_

PLACE: \_\_\_\_\_

Documents To be Attached: Dully Attested By Notary / Gazeted officer OR Self Attested.

- ✓ Photocopy of all Certificates/Academic Transcript
- ✓ Photocopy of Address Proof( ADHAAR CARD/Voter ID/Driving licence/Passport)
- ✓ Two latest colored Passport Size Photograph



SoftBrain Informatic Technologies  
 HBF # 515/1, 1<sup>ST</sup> Floor, Sector 45-A,  
 Chandigarh (U.T.) Pin - 160047  
 Mobile: 098141-69190, Website: www.softbrain.org

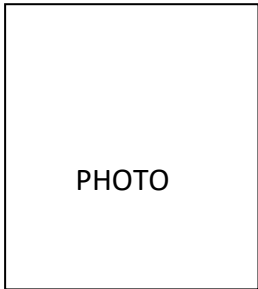
**(FOR OFFICIAL USE ONLY)**

To

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



Subject : Verification of \_\_\_\_\_

Reference No: \_\_\_\_\_

Dear Sir,

This is certified that Mr. / Ms. \_\_\_\_\_

S/D/O Mr. \_\_\_\_\_

Having SB Registration No. \_\_\_\_\_ has been successfully completed  
 the Course \_\_\_\_\_

With \_\_\_\_\_ Marks in \_\_\_\_\_ Grade.

In the period from \_\_\_\_\_ to \_\_\_\_\_ at our Authorized  
 Affiliate Centre \_\_\_\_\_

Thanking you.

This is verified that the Certificate is genuine.

Verified By:

Department Of Examination

Dated: