



Application for Verification of Documents

To,

The Registrar
Symbiosis International University
Symbiosis Knowledge Village,
Gram-Lavale, Tal-Mulshi,
Dist-Pune- 411 042.

Dear Sir,

We need the verification of the following alumni of Symbiosis International University.
The details are as follows:

Name of the Alumni: _____
Name of the Institute: _____
Name of the Programme: _____
Batch & PRNo : _____
Year of Passing : _____

Enclosed please find DD No. _____ dated _____ for Rs. _____.
(Note: DD to be drawn in favour of SIU payable at Pune)

Name & Address of the Company:
(including e-mail address & Phone)

Signature
Name
Designation

Encl: as above

Action by SIU:

The above details are verified & found correct.

Checked by:

Controller of Examinations

