

Nirma University, Ahmedabad

[Examinations Section]

Instructions for Apostille (Authentication) of Original Degree/ Diploma Certificate.

(Apostille is done by the Ministry of External Affairs, Government of India after attestation by the relevant state authorities.)

1. Fill-up the application form for Verification of Educational Credentials. Application Form is attached herewith in **Appendix - 'A'** and also available at Examination Section of University.
2. If student cannot come personally, student can authorise someone to initiate the process on his/her behalf and inform the authorised person to bring the Authority Letter (**Appendix - B**) and his/her self-attested photo ID proof. (Govt. Issued Driving License/Passport/PAN Card and Aadhaar Card)
3. Attach the self-attested photo ID proof of student with application form.
4. Attach the Original Degree/Diploma Certificate with application form.
5. After Authentication, Original Degree/ Diploma Certificate will be handed over to applicant or authorised person.
6. Fees for any of the above Authentication is **Rs. 500/-**

- Postage Charges: (I) Out side India - Rs.2000 for each envelope.
(II) Within India - Rs. 300 for each envelope.

- Mode of Payment: (I) Cash
(II) Payment through NEFT:
▪ Name of the Beneficiary: **Nirma University**
▪ Bank Account Number: **09720180085**
▪ Bank Name: **The Kalupur Comm. Co.Op.Bank Ltd. - Nirma University Branch**
▪ IFSCode: **KCCB0NRM097**

Note: 1. Issuance Period - Minimum 01 working day.
2. **Office hours:** Monday to Friday: **11:00 AM to 06:15 PM** and Saturday: **8:45 AM to 04:45 PM**
(Holiday observed on 2nd & 4th Saturday), Recess hours: **2.00 PM to 2.30 PM.**

For any query and clarification, please contact to the office of Examinations Section of University

Contact Details: Email: Verification@nirmauni.ac.in
Tele No.: **079 71652 672 – 671, 02717 241911-12**

Correspondence address: Deputy Registrar (Examinations Section)
Nirma University
Sarkhej-Gandhinagar Highway, Chharodi
Ahmedabad 382 481, Gujarat, India

Nirma University

(Examination Section)

Application Form for Apostille (Authentication) of Original Degree/ Diploma Certificate.

To,

Deputy Registrar
Examination Section
Nirma University,
Ahmedabad - 382481

Email: verification@nirmauni.ac.in

Sir,

I hereby apply for Apostille (Authentication) of Original Degree/Diploma Certificate for Apostille. My details are given hereunder.

1. Name of the Student: _____
2. Permanent Address: _____
3. Contact No: (M) _____ (R) _____
4. E-mail ID: _____
5. Name of Degree / Diploma: _____
6. Degree / Diploma obtained (Month / Year): _____ Roll No: _____
7. Whether Original Document is attached with this Form? Yes NO
8. Reason for Apostille (Authentication) : _____

Date: _____
Place: _____ (Name & Sign. of the Applicant) _____ Sign. of Authorized Person–Mobile No.)

(For Office Use Only)

Date: _____ Verified by _____

Original Document [certificate(s)] is received back after Apostille (Authentication) from the office of
Examination Section on _____ (date).

Name of Receiver: _____ Signature: _____

Letter of Authority

I, _____ (Name of Student),
Roll No. _____ Programme _____ presently
residing at _____ (full address)
hereby authorise Mr./Ms. _____ Age _____
residing at _____ (full address),
Telephone No. (M) _____ e-mail id _____

to act on my behalf in the matter related to verification (authentication) of my educational documents/Pay the fees/Apostille/Duplicate documents/to collect original documents (SGRs/ Transcript/Degree Certificate) or Verified sealed envelope(s) from Examination Section – Central Office of Nirma University and it will be considered by the University as acknowledged by me.

I attach my Identity proof in support of verification of my signature and authorised person will also submit his/her Photo-ID proof.

Signature of Student with Date

Signature of Authorised Person with Date

(For Office Use)

Acknowledgement

I have received following documents from Nirma University for _____
on his/her behalf and I acknowledge for the same.

- 1. _____
- 2. _____
- 3. _____
- 4. _____

Signature of Authorised Person with Date