KARNATAKA INSTITUTE OF MANAGEMENT AND TECHNICAL EDUCATION

(Autonomous Body, Registered Under Govt of Karnataka)

VERIFICATION FORM FOR GOVT.SECT/EMBASSIES/PVT.SECT

Student Name in Capital Letters	
Father's Name	
Mother's Name	
Roll No.	
Registration No.	

Certificate Serial No.

Session year

Date of Birth (for 10th class only)

If any other please writes the name of the class in the BOX

FEES DETAIL

Name of the Bank

Private Regular

Deposit Slip No.

Amount ……

Date ……

Full Address & Phone No. of the Applicant : .....

.....

.....

City ..... Dist ..... State ..... Pin code .....

Phone No .....

Signature of Applicant

Reason(s) for applying .....

Full Name and designation of Officer / Head of Company

.....

.....

Signature and Stamp of Applicant .....

stamp

Office Use Only

Case No. ..... Full Signature of attesting authority	Official Stamp Administrator signature .....