

Application Form for Recognition of Qualifications

IMPORTANT NOTES:

1. **Reporting of false information to a lawful authority knowingly and willfully is offence under the law, please submit correct and accurate information.**
2. Information must be filled in "Capital Letters".

1. Personal information:

Applicant's name :

CID No :

D.O.B (dd/mm/yyyy)

Contact No :

Email ID :

Passport
size
photograph

2. Educational detail:

Course/qualification:

Type of course (**TICK**): FULL TIME PART TIME MIXED MODE DE

Duration of the course:

Name of the Institute:

Name of the University:

Website:

Location:

Country:

Student ID No:

Year of completion:

I declare that the particulars furnished above are true to the best of my knowledge. In the event the information declared above is found to be incorrect, I understand I will be subject to legal action(s). I hereby confirm that I have read the guidelines for RoQ and understand the procedures for RoQ.

*Affix
Legal
Stamp*

Signature of the applicant

For official use only

Checklist of received documents (TICK):

- 1. Scanned copy of degree certificate(s) and academic transcript(s)
- 2. Two passport size photos
- 3. Receipt of recognition fee (processed through Finance Division, MoE)

The application is received along with all required documents as specified above by:

Name: _____ **Dated signature** _____

Following the procedure outlined in the Guidelines for RoQ and based on the provisions of the BQF, the qualification of the above applicant is:

Confirmed as genuine with _____ mode of study based on the confirmation received from _____ dated _____. A copy is attached for reference.
Additional remarks, if any: _____

Confirmed by: (Secretariat)

Confirmed by:

Name: _____ Dated signature _____

Verified by: (Head of Division)

Name: _____ Dated signature: _____

Recommended by: (Member Secretary)

Name: _____ Dated signature _____

QEC reference No.: is issued on...../...../20.....to the applicant/the authorized person/posted, as requested on ____/____/20_____.

Received by:

Name: _____ **CID No.:** _____

Contact Number _____ **Dated signature** _____