

Application form for recognition and/or validation of qualifications

IMPORTANT NOTES:

1. False statement made knowingly and willfully in this application is punishable and shall be prosecuted in a Court of Law.
2. Information must be filled in "Capital Letters".
3. Applicants are required to show the original documents while applying.
4. The application shall not be accepted after 15 working days prior to the deadline set by ECB (applicable only for Election purpose).

1. Personal information:

Applicant's name:

CID No.

Contact No.

Email ID:

Passport Size

Photo

Educational detail:

Course/Degree:

Type of course (**TICK**):

FULL TIME PART TIME MIXED MODE DE

Duration of the course:

Start & End date of course:

Name of the Institute:

Name of the University:

Website:

Location:

Country:

Student ID No:

Credits earned

I declare that to the best of my knowledge the particulars furnished above are very much true.

Signature of the applicant

Affix
Legal
Stamp

For official use only:

Checklist of received documents (TICK):

- | | |
|---|--------------------------|
| 1. Original & photocopy of transcripts and certificates | <input type="checkbox"/> |
| 2. 2 Peer statements | <input type="checkbox"/> |
| 3. CID copy | <input type="checkbox"/> |
| 4. Two passport size photos | <input type="checkbox"/> |
| 5. Receipt of recognition fee (Nu. 1000) | <input type="checkbox"/> |

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

Name, signature & date _____

I hereby confirm and acknowledge that I have received information on the recognition of qualifications from the above QAAD official.

Dated signature of the applicant: _____

Following the procedure prescribed in the Guidelines for Recognition/validation of Qualifications and based on the provisions of the BQF, the qualification of the above applicant is:

Confirmed by:

Name _____ **Dated Signature** _____

Endorsed by the Recognition Committee:

Sl. No.	Name & Designation	Signature	Date
1	Chief Program Officer, QAAD (Member Secretary)		
2	Chief Program Officer, SSSD (Member)		
3	Chief Program Officer, HEPD (Member)		
4	Chief Program Officer, NFCED (Member)		
5	Director General, DAHE (Chairperson)		

Recognition certificate reference no..... is issued on.....to the applicant.

Received by:

Name: _____ **Dated Signature:** _____

CID No: _____

Contact No.: _____