# INDIAN INSTITUTE OF ALTERNATIVE MEDICAL SYSTEM
## भारतीय वैकल्पिक चिकित्सा प्रणाली संस्थान

**ISO**
International Organization for Standardization
**9001:2015**

## Student Verification Form

Certificate No. .............

Enrollment No. ..................

Course ——————————— Duration ——————————— Session————————

## Candidate Information

**Please Fill in English BLOCK LETTERS**

| Name of Student | |
|---|---|
| Father's Name | |
| Mothre's Name | |
| Address | |

| Distt. | State | Pin Code |
|---|---|---|
| | | |

Gender :     Male [ ]  Female [ ]     DOB [ ]     Mobile No. [ ]

Phone No. [ ]     E-mail ID [ ]

## Diploma/Certificate  Details

| Serial No. | Enrollment No | Course Name | Obtained Marks | Duration | Session | Issue Date |
|---|---|---|---|---|---|---|
| | | | | | | |

Respected Sir/Madam

This is the Letter for My Diploma/Certificate Verification, So you are requested to verify my Details and Revert it as soon as possible.

Thank You...

Date.........................

Place........................

**Organization /Candidate Signature**