

COUNCIL OF UNIVERSAL BUDDHIST UNIVERSITY

NAGPUR (MAHARASHTRA)

VERIFICATION FORM

Admission Centre Name:

Student Name(In English)_____

Father's Name (In Eng.) _____

Mother's Name (In Eng.)_____

Date of Birth: _____ Class_____

Session / Year : _____ Roll No. _____

Registration No._____

Postal Address for Verification Letter / E-mail Id for Verification :

Name (Individual/Deptt.) _____

Village/City_____ P.O. _____ Mohalla_____

St. No. _____ Tehsil _____ Distt. _____

Pin Code _____ Phone No. _____

Marksheet Details (If Any)

Signature / Signature and Stamp (if Dept.)

Note: Verified Result Card will be returned after 10 working days at urgent basis & 20 working days at ordinary basis. After one month this section is not responsible for any claim.

NOTE : SEND DD IN FAVOUR OF " COUNCIL OF UNIVERSAL BUDDHIST

UNIVERSITY " PAYABLE AT NAGPUR (MAHARASHTRA)