



verifydoc.in

Corporate Office: 262, Shanti Nagar, Sector 13, Chandigarh, 160101, India
WhatsApp Message: +91 7986 49 78 87 | E-Mail: info@verifydoc.in | www.verifydoc.in

DOCUMENT VERIFICATION FORM

Date --

To be filled in capital letters and in blue / black ink only.

Identity Details: (Certified copy of document needs to be submitted)

Roll No*

Reg. No*

Name* (same as on document) Prefix First Name Middle Name Last Name
Father's Name*
Mother Name*
Date of Birth* --

Gender* ☐ M- Male ☐ F- Female ☐ T- Transgender
Residential Status* ☐ Resident Individual ☐ Non Resident Indian ☐ Foreign National ☐ Person of Indian Origin

Photo



Name of Institute
Institute Category (e.g. school/college)
Class/Course
Year of Completion Semester

Proof of Address (PoA)*

Address
Line 1*
Line 2
Line 3
District Zip / Post Code* City / Town / Village*
State/UT* State/UT Code

Address Type* ☐ Residential / Business ☐ Residential ☐ Business ☐ Registered Office ☐ Unspecified

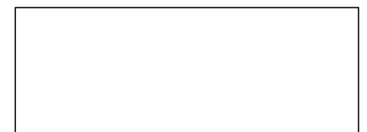
Mobile* Whether to submit original documents ☐ Yes / ☐ No
(No extra charges for verifying original documents)
(For apostille it is mandatory to submit original documents)

Payment Details: (Please share Payment details on WhatsApp no. 7986497887 after making Payment successfully)



Scan the QR Code or Ac. No. to make the payment and do not forget to share the payment screenshot with necessary details on WhatsApp on "7986497887"

ACCOUNT NO: 011085800006396
IFSC CODE: YESB0000110



Signature of applicant



Powered By
WORLDWIDE