

SIR MARSHAL GROUP OF SCHOOLS
A Highly English Medium CBSE Co. Ed. School

VERIFICATION FORM

Date: ____/____/____

Class: ____

Student Name (Capital Letters): _____

Father's Name: _____

Mother's Name: _____

Date of birth (Student):

D	D	M	M	Y	Y	Y	Y

Address:

City/ Village: _____

Post Office: _____

House No: _____

Ward No.: _____

Tehsil: _____

District: _____

State: _____

Pin:

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Undertaking

It is certified that Mr. / Ms. _____ D/o, S/o
Sh. _____ and his/ her
Mother Name is Smt. _____ is my Son/
daughter/ grandson/ granddaughter and above given information regarding his/ her name and
date of birth is true to the best of my knowledge and belief and thereof nothing has been
concealed of.

Deponent

Name: _____

Signature: _____

Documents to be attached:

1. Date of Birth Certificate Copy.
2. Aadhar Card in favour of your name or DOB Verification.
3. Voter ID card of Father/ Mother.
4. Domicile (If no any other document available)

WE DON'T MAKE GOOD, WE MAKE GREAT.

