



# ALL INDIA NURSERY TEACHER TRAINING COUNCIL



## Student Verification Form

Certificate No. ....

Enrollment No. ....

Study Centre \_\_\_\_\_  
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 <input type="checkbox"/>	Female <input type="checkbox"/>	DOB	<input type="text"/>	Mobile No.	<input type="text"/>
Phone No.	<input type="text"/>		E-mail ID	<input type="text"/>		

### 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