

GAD Attestation for Certificates and Documents- Application Form

| Applicant De | etails:- | | | | | | |
|-------------------------|--------------------|--------------------------------------|-------------------------------|--|-------------------------|--|--|
| Applicant's Name | e *: | | Applicant's Father | Name *: | | | |
| Passport Numbe | r*: | | Mobile Number*: | | | | |
| Gender*: ☐ Yes | ☐ No Nation | lity*: Date of Birth *: | | | | | |
| Email ID *: | | | | | | | |
| Type of Serv | <u>ice Booke</u> | d Details:- | | | | | |
| Type of Service B | Booking *: | General 🗖 Tatkal | | | | | |
| Is applicant requ | ired attestat | ion from Ministry of I | External affairs (Yes/N | lo)*: □ Yes □ No | | | |
| Delivery Type*: I | ☐ Manual | | | | | | |
| Present Add | ress for C | ommunication: | | | | | |
| Door No: | | Locality/Land Mar | cality/Land Mark*: State *: | | | | |
| | | | | Pin Coo | | | |
| Permanent A | Address fo | or Communicatio | on: | | | | |
| | | | y/Land Mark*: State *: | | | | |
| | | | | Pin Coo | | | |
| Present Emp | lovment/ | Education Deta | ils:- | | | | |
| | - | on*: 🗆 Employer 🗆 S | | | | | |
| | • | | | ization*: | | | |
| | | | | | | | |
| | | | | on and whether got Employment o | or not*: | | |
| | | ıcational Certifi | | | | | |
| Name of The Examination | Year of Passing | Month of Passing (If Exam is SSC) | Roll / Registration No | Name of the University/Board/Council/ Institutions | Supporting Documents | | |
| | | | | | Submit at | | |
| | | | | | Center | | |
| | | | | | | | |
| Details of At | testation (| of Documents / | Certificates:- | | | | |
| Name of The Certificate | | Date of Issued | Registration Number Issued By | | Supporting Documents | | |
| | | | | | | | |
| | | | | | Submit at | | |
| | | | | | Center | | |
| | | | | | | | |



<u>Details of Attestation of Commercial Documents / Certificates:</u>

| Name of The Document | Date of Issued | Registration Number | Issued By | Supporting Documents |
|----------------------|----------------|---------------------|-----------|-------------------------|
| | | | | Submit at |
| | | | | Center |
| | | | | |

| Person(s) details | if presenting on behalf of qualifica | tion holder (Authorized Person) | | | |
|--------------------|--|--|--|--|--|
| Name*: | Relation with Qualification Holder*: | Father / Mother Name*: | | | |
| Nationality*: | ID Proof Number*: | | | | |
| Person(s) Addre | ss for Communication if presen | ting on behalf of qualification holder | | | |
| (Authorized Perso | on) | | | | |
| Name*: | Relation with Qualification Holder*: | Father / Mother Name*: | | | |
| Nationality*: | ID Proof Number*: | | | | |
| Informant Details | <u>:</u> - | | | | |
| Informant Name*: | Relation with applicant*: | | | | |
| Mobile No*: | Delivery Type*: 🗖 Manu | ual 🔲 Local Post 🗖 Non-Local Post | | | |
| Document List: - (| NOTE: All Upload Documents are in PDF form | mat only) | | | |
| ☐ Application | * | | | | |
| □ID Proof * | | | | | |

Applicant's Signature