Application form for recognition and/or validation of qualifications

IMPORTANT NOTES:
1. **False statement made knowingly and wilfully in this application is punishable and shall be prosecuted in a Court of Law.**
2. **Information must be filled in "Capital Letters".**
3. **Applicants are required to show the original documents while applying.**
4. **The application shall not be accepted 2 months prior to the deadline set by ECB for filing of nominations (applicable only for Election purpose).**

1. Personal information:

Applicant's name:

CID No.

Contact No.

Email ID:

Passport size photograph

2. Educational detail:

Course/Degree:

Type of course **(TICK)**: FULL TIME ☐ PART TIME ☐ MIXED MODE ☐ DE ☐

Duration of the course:

Start & End date of course:

Name of the Institute:

Name of the University:

Website:

Location:

Country:

Student ID No:

Credits earned

I declare that to the best of my knowledge the particulars furnished above are very much true.

Affix legal stamp

Signature of the applicant

Checklist of received documents (TICK):

1. Original & photocopy of transcripts and certificates ⬜
2. Confirmation of enrollment /Acceptance letter/Letter from the institutions indicating the mode of delivery and, duration (start and end date) of the programme ⬜
3. Award letter from the employer/Scholarship award letter from DAHE, if applicable ⬜
4. 2 Peer statements ⬜
5. CID copy ⬜
6. Two passport size photos ⬜
7. Receipt of recognition fee (Nu. 1000) ⬜

The application is received along with all required documents as specified above by:

Name, signature & date _____

I hereby confirm and acknowledge that I have received information on the recognition of qualifications from the above QAAD official.

Dated signature of the applicant: _____

Following the procedure prescribed in the Guidelines for Recognition/validation of Qualifications and based on the provisions of the BQF, the qualification of the above applicant is:

Confirmed by:

Name, signature & date: _____

Endorsed by the Recognition Committee:

Sl. No.	Name & Designation	Signature	Date
1	**Director, DAHE (Chairperson)**		
2	**Chief Program Officer, SSSD (Member)**		
3	**Chief Program Officer, HEPD (Member)**		
4	**Chief Program Officer, NFCED (Member)**		
5	**Chief Program Officer, QAAD (Member Secretary)**		

Recognition certificate reference no……………………………………….. is issued on…………………………….to the applicant.

Received by:
Name: _____ **Dated Signature:** _____
CID No: _____ **Contact No.:** _____