

Application for Verification of Documents

To,
The Registrar
Symbiosis institute of Telecom Management
Symbiosis Knowledge Village,
Gram-Lavale, Tal-Mulshi,
Dist-Pune- 411 042.

Dear Sir,

We need the verification of the following alumni of Symbiosis institute of Telecom Management the details are as follows:

Name of the Alumni: _____

Name of the Programme: _____

Batch & PRN No: _____

Year of Passing: _____

Enclosed please find DD No. _____ dated _____ for Rs. _____
(Note: DD to be drawn in favour of Director, Symbiosis Institute of Telecom Management payable at Pune)

Name & Address of the Company:
(including e-mail address & Phone)

Signature

Name

Designation

Encl: as above

Action by SITM

The Above details are verified & found Corrent.

Checked by:

Verified By

Registrar SITM