

Annexures

Annexure I

Application Form for Recognition of Qualifications

IMPORTANT NOTES:

1. Reporting of false information to a lawful authority knowingly and willfully is offence under the law, please submit correct and accurate information.
2. Information must be filled in "Capital Letters".

1. Personal information:

Applicant's name:

CID No.:

D.O.B (dd/mm/yyyy):

Contact No.:

Email ID:

Passport size
photograph

2. Educational detail:

Course/qualification:

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

Duration of the course:

Name of the Institute:

Name of the University:

Website:

Location:

Country:

Student ID No:

Year of completion:

I declare that the particulars furnished above are true to the best of my knowledge. In the event the information declared above is found to be incorrect, I understand I will be subject to legal action(s). I hereby confirm that I have read the guidelines for RoQ and understand the procedures for RoQ.



Signature of the applicant

For official use only:

Checklist of received documents (TICK):

- 1. Scanned copy of degree certificate(s) and academic transcript(s)
- 2. Two passport size photos
- 3. Receipt of recognition fee (processed through Finance Division, MoE)

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

Name: _____ **Dated signature** _____

Following the procedure outlined in the Guidelines for RoQ and based on the provisions of the BQF, the qualification of the above applicant is:

<p>Confirmed as genuine with _____ mode of study based on the confirmation received from _____</p> <p>dated _____. A copy is attached for reference.</p> <p>Additional remarks, if any: _____</p>

Confirmed by: (Secretariat, BAC)

Name: _____ Dated signature _____

Verified by: (Head of Division)

Name: _____ Dated signature _____

QEC reference No.:..... is issued on...../...../20.....to the applicant/the authorized person/posted, as requested on ____/____/20____.

Received by:

Name: _____ **CID No.:** _____

Contact Number _____ **Dated signature** _____