



## **BADDI UNIVERSITY OF EMERGING SCIENCES AND TECHNOLOGY, BADDI**

### **Instructions to apply verification for WES/IQAS/ICES/CES/ICAS/PEBC**

1. Fill the application form. Application Form is attached in **Form- A** and also available at Examination Branch of the University.
2. Student needs to come personally, or student can authorize someone in blood relation only to initiate the process on his/her behalf and inform the authorized person to bring the Authority Letter (Form-B) and his/her self-attested photo ID proof. (Govt. Issued Driving License/Passport/PAN Card and Aadhaar Card)
3. Attach the self-attested copy of photo ID proof, all grade cards, original degree of student with application form.
4. An applicant can send soft copy (PDF) of all required documents in advance on Email to facilitate the office process at [coe@baddiuniv.ac.in](mailto:coe@baddiuniv.ac.in)
5. **Fee: 800/- Per Transcript, 200/- Per Attestation (If required), 1500/- Courier Charges (Out of India).**  
**Note: Visit University website for the update fee details**
6. Mode of Payment:
  - **Cash**
  - **Payment through NEFT:**  
Name of the Beneficiary: **Baddi University of Emerging Sciences and Technology**  
Bank Account Number: **4131000100369439**  
Bank Name: **Punjab National Bank**  
IFSCode: **PUNB0413100**
7. The process of application will be initiated only after the confirmation of payment of the fees.
8. The process of application will be declined if the Documents furnished are incomplete.
9. For any query and clarification, please contact to the office of Examinations Section of University.

#### **Contact Details:**

Email: [coe@baddiuniv.ac.in](mailto:coe@baddiuniv.ac.in)

Tele No: +917807771336

#### **Correspondence address:**

Controller of Examination (Examination Branch)

Baddi University of Emerging Sciences and Technology

Makhnumajra, Baddi, Distt. Solan, H.P.-173205, India



Ref No. \_\_\_\_\_

Form - A

**BADDI UNIVERSITY OF EMERGING SCIENCES AND TECHNOLOGY, BADDI**

Application Form for verification by WES/IQAS/ICES/CES/ICAS/PEBC

To

Controller of Examination

Baddi University of Emerging Sciences and Technology.

Sir,

I need Transcript(s)/ attested degree/attested grade cards for the purpose of verification by WES/IQAS/ICES/CES/ICAS/PEBC of the Required details for the same are given here under:

Name of the Student: \_\_\_\_\_

BUPIN No. \_\_\_\_\_

Programme: \_\_\_\_\_

Programme Completed Month & Year: \_\_\_\_\_

Email: \_\_\_\_\_ Mobile No. \_\_\_\_\_

Transcript required: YES/NO: \_\_\_\_\_ Number of Transcript(s) required: \_\_\_\_\_

Detail of other documents which need attestation: \_\_\_\_\_

Number of Documents to be attested: \_\_\_\_\_ Fee Receipt number \_\_\_\_\_

Date of payment \_\_\_\_\_ Ref number given by WES/IQAS/ICES/CES/ICAS/PEBC:

\_\_\_\_\_

Encl:

WES/IQAS/ICES/CES/ICAS/PEBC form

Fee Reciept

Copy of Grade Cards

Copy of Degree

(Name & Signature of the Applicant)

Date: \_\_\_\_\_

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For Office Use only

**Letter of Authority**

I, \_\_\_\_\_ (Name of Student), BUPIN No. \_\_\_\_\_ Programm \_\_\_\_\_ presently residing at \_\_\_\_\_ (full address) hereby authorize Mr./Ms. \_\_\_\_\_ Age \_\_\_\_\_ residing at \_\_\_\_\_ (full address), Telephone No. (M) \_\_\_\_\_ e-mail id \_\_\_\_\_ to act on my behalf in the matter related to Pay the fees/Received duplicate documents/to collect original documents (Grade Cards/Transcript/Degree Certificate) or Verified sealed envelope(s) from Examination Branch Office of Baddi University and it will be considered by the University as acknowledged by me.

I attach my Identity proof in support of verification of my signature and authorized person will also submit his/her Photo-ID proof.

\_\_\_\_\_  
Signature of Student with Date

\_\_\_\_\_  
Signature of Authorized Person with Date

\_\_\_\_\_  
**(For Office Use)**

**Acknowledgement**

I have received following documents from Baddi University of Emerging Sciences and Technology for \_\_\_\_\_ on his/her behalf and I acknowledge for the same.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

\_\_\_\_\_  
Signature of Authorized Person with Date