



# Novastra Academy For Vocational & Paramedical Science

## MARKSHEET VERIFICATION FORM

1. Study Centre Name :

2. Study Centre Code :

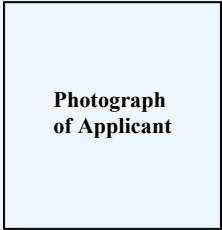
3. Registration No. :

4. Name of the Student in CAPITAL Letter (Leave One Blank after one word):

5. Father's Name in the CAPITAL Letter (Leave One Blank after one word):

6. Mother's Name in the CAPITAL Letter (Leave One Blank after one word):

7. Correspondence Address in the CAPITAL Letter (Leave One Blank after one word):



State  Pincode

8. Mobile No.  Whatsapp No.

9. E-mail ID : \_\_\_\_\_

10. Date of Birth :       11. Gender :   ✓ (Please Tick Mark)

12. Nationality :   If Others Please Specify \_\_\_\_\_ ✓ (Please Tick Mark)

13. Category :  (Fill 1 for General, 2 for SC, 3 for ST, 4 for OBC, 5 for Ex-Servicemen)

14. Programme : \_\_\_\_\_

15. Month and Year of the Exam : \_\_\_\_\_

16. Centre from where appeared at Last Examination \_\_\_\_\_

