

# Bhartiya Council For Vocational & Paramedical Science



BHARTIYA COUNCIL FOR  
VOCATIONAL AND 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):

Photograph  
of Applicant

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

[www.bcvps.z4u.in](http://www.bcvps.z4u.in)

**MARKSHEET TO BE VERIFIED**

Year	Passing Session	Marks Obtained	Total Marks	Remarks
	<b>Total Marks</b>			

**PAYMENT DETAILS -**

<b>Bank Name</b>				
<b>Transaction Reference</b> <b>OR IMPS No. /</b> <b>Cash Receipt No.</b>	<b>Dated</b>		<b>Amount</b>	

\_\_\_\_\_  
Signature of the candidate

\_\_\_\_\_  
Dated

**GUIDELINES:**

1. Fill up the prescribed application in capital letters.
2. Enclose self attested copy of Marksheet that candidate required to be verified.
3. Scan and mail the mail documents at [verifymarksheetbhse@gmail.com](mailto:verifymarksheetbhse@gmail.com)
4. Submit the fee of Rs. 2000 as document verification charge. Submit the verification fee in BCVPS account only.

**Note : Student will get confirmation within 20 days of submission of application for verification.**