

Examination Wing
UNIVERSITY OF KASHMIR

Membership Form for Online Verification Services Portal
(For Verification of Degree Certificate/ Marks Card/ Transcript)

1. Department Name: _____
2. Department E-Mail ID: _____
3. Department Mobile No.: _____
4. Name of the Controlling Officer: _____
5. Designation: _____
6. Dated: _____

Certified that: -

- ✓ Particulars given above are correct.
- ✓ I shall strictly abide by the rules of the University of Kashmir.
- ✓ I shall be entirely responsible for maintaining the secrecy of the User name and password allotted to me.
- ✓ Any unauthorized communication from my user ID will make me liable for any action against me by the University authorities under law.
- ✓ I have enclosed copy of valid departmental ID Card.

Seal & Signature of Controlling Officer.

Note:

- **Send the hard copy of this form to Examination Wing, Kashmir University. Alternatively, you can email to examservices@uok.edu.in.**
- **URL of Web Application: verifyexam.uok.edu.in.**
- Detailed instruction of the portal is available under “**Notification**” at “**verifyexam.uok.edu.in**.”
- User may change the password as frequently as he/she wishes in order to prevent any unauthorized access. University has every right to cancel any membership any time without assigning any reason thereof.

Admitted / Not Admitted

I/C VSP

Controller of Examination