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| --- | --- | --- | --- | --- | --- |
| **1** | **DOCUMENT AUTHENTICITY** | | | | |
| **Candidate Name: Asmaa Farouk Mohammed Hosni** | | | | |
| **Date of Verification:** | | | | |
| *Place an* ***X*** *mark in the box to the right based on the document submitted by the candidate* | | | **Yes** | **No** |
| **1.1** Is the document genuine and issued by your institution? | | |  |  |
| *If you selected* ***YES****, please proceed in completing section 2 and 3 only.*  *If you selected* ***NO****, please continue completing section 2, 3, and 4 of this form.* | | | | |
| **2** | **ADDITIONAL EDUCATION DETAILS** | | | | |
| *Please specify the following education details based from your record.* | | | | |
| **2.1** Mode of Study  (select one by placing an **X** mark from the mode of study provided to the right) | |  | Total Regularity | |
|  | Partial Regularity | |
|  | Open Education | |
|  | Distance Education | |
|  | E-Learning | |
|  | Others, Please Specify:- | |
| **2.2** Examination Held | |  | Online | |
|  | Examination Center | |
|  | On Campus | |
|  | Others, Please Specify:- | |
| **2.3** Period of Study (Date/Month/Year) | | Attendance Start Date: | | |
| Attendance End Date: | | |
| **2.4** Duration of Program | |  | | |
| **2.5** Certificate Equivalent to? | |  | Diploma | |
|  | Bachelors | |
|  | Masters | |
|  | PHD | |
|  | Others, Please Specify:- | |
| **2.6** Conditions/Criteria for joining or taking admission to the program?  E,g Eligibility/Minimum Qualification | |  | | |
| **2.7** Please confirm from where your University / Institute is Accredited / Recognized ? | |  | | |
| **2.8** Educational System  **(The Curriculum of the attained degree)** | |  | Research Based | |
|  | Subject Based | |
|  | Research & Subject Based | |
|  | Others, Please Specify:- | |
| **2.9** Please specify minimum requirements to obtain the degree/certificate verified | |  | | |
| **2.10** The number of hours transferred from another educational institution.  Please specify the Institution name and when it was transferred? | |  | Yes, Please Specify:- | |
|  | No | |
|  | **2.11** The number of hours taught through distance learning | |  |  | |
| **3** | **VERIFIER DETAILS** | | | | |
| *Please enter the details of the authorized individual who provided the verification below* | | | | |
| **3.1** Name of Verifier | |  | | |
| **3.2** Designation | |  | | |
| **3.3** Department | |  | | |
| **3.4** Contact Number | |  | | |
| **3.5** Email Address | |  | | |
|  | **3.6 Sign and Stamp** | |  | | |
| **4** | **NON-AUTHENTIC DETAILS** | | | | |
| *Place an X mark in the box before section 4.1 and 4.2 to specify why the certificate is not genuine.* | | | | |
|  | **4.1** Certificate was not issued by our institution. | | | |
| *Please provide an explanation why you deemed that the certificate was not genuine and was not issued by your institution.* | | | |
|  | | | |
|  | **4.2** Certificate was issued by our institution but detail(s) are incorrect | | | |
| *Please select which detail(s) are incorrect by placing an X mark to the right of items below and then enter the correct details to the right based from your record.* | | | |
| **4.2.1** Qualification attained is incorrect |  |  | |
| **4.2.2** Qualification major is incorrect |  |  | |
| **4.2.3** Conferred Date is incorrect |  |  | |