

# Consent Form

I, \_\_\_\_\_, born on \_\_\_\_/\_\_\_\_/\_\_\_\_ (dd/mm/yyyy) hereby authorise the Academic Evaluation Centre of the German Embassy, New Delhi to check the authenticity of my academic documents. I do not have any objection to APS India contacting my former/current academic institutions and any Indian government agencies for this process.

I have understood that my data will be saved and protected by the Academic Evaluation Centre as per German data protection law (DSGVO).

In signing this document, the applicant certifies that, before submitting the application, he/she was informed of the legal consequences of refusing to provide data or furnishing false or incomplete information in the document verification process.

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

Place: \_\_\_\_\_

Signature: \_\_\_\_\_