**To**

**[The Recipient Name]  
[Address]**

**Re. Request for Verification of Doctor of Medicine Degree for Professional Purposes**

Dear Sir, I am [insert your full name here] from [mention your precise address]. I am writing to request verification of my Master of Doctor of Medicine that I earned from your esteemed institute. Due to some professional purposes and urgent recruitment for a vacancy, I need to get my verification as soon as possible. However, I have provided each relevant detail in this letter and attached a copy of consent from the dean's office stamped and signed by the head of the department.

Sir, my credentials are as follows:

Full Name: [Mention your name]  
Father’s Name: [Mention your father’s name]  
Postal Address: [Mention your address with postal code]  
Session of Degree: [Mention your session of studies here]  
Department: [Name of the department]  
Registration Number: [X]  
Student ID: [X]  
NIC: [X]

I understand that the disclosure of personal information has to be done with retention and care; thus, I hereby declare that the given information should be used for professional and academic purposes only, which is deemed to be degree verification only. Any other use of personal information shall be challenged under the Student PI Code of [mentioning the name of the college or university].

Sir, I need the degree verification as soon as possible. That is why I am writing this directly to your office. I request that you direct the concerned authorities to verify my degree within this week and let me know when I can collect the verified documents. I am ready to comply with all the official procedural acts to verify the degree.

I am looking forward to your kind response. I will be grateful to you for this favor. Please find attached a copy of departmental consent for the verification process, signed and stamped by the head of the department and Dean of Medicine College. Thank you.

Regards,

[Your Name]  
[Department and session]  
[Email and contact number]