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**OFFICE OF CONTROLLER OF EXAMINATIONS
APPLICATION FOR MARK SHEET CORRECTION**

1. Name of the Student : Serial No:.....
2. RRN Number :
3. Department/Branch :
4. Register Phone No. / Email Id :
5. ID proof of 10th/ 12th/UG (duly Self attested):
6. Correction Details

Name

Date of Birth

Gender

Others (Specify) _____

Fees Details for correction of Certificates:

| | | |
|--|------|--|
| Grade Sheet : | 200 | |
| Consolidated Grade Sheet : | 750 | |
| Provisional Certificate ((Applicable only for current passed out students only)) : | 750 | |
| Degree : | 2500 | |

Instructions to the Candidate:

1. Enclose the Original Certificate.
2. Enclose self-attested mark Sheet or 12th/10th/UG for Name Correction poof.
3. Enclose the Paid fees Challan.

Recommendation of the Class Advisor

Signature of the Student

FOR OFFICE USE ONLY

Issued the Certificate on

STUDENT COPY

NAME OF THE STUDENT :

Serial No:.....

CERTIFICATES APPLIED :

TOTAL FEES PAID :

DATE OF SUBMISSION OF APPLICATION: