APPLICATION FOR NAME CORRECTION IN MARKSHEET

Date : ____/____/_____

Student Details :-

Enrollment No. : _____   Student's Full Name : _____

Institute : _____

Mobile No. : _____   Email : _____

Details of Changes :-

Name (Currently available in Records) : _____

Name (To Be Corrected To – As per 12th / Last Qualifying Marksheet) : _____

Reason for Seeking Name Change in the Marksheet :- _____

_____

Details of Marksheets for Name Correction :-

Semester	Exam Month & Year	Exam Type (Regular/Backlog)	Exam Seat No.

NOTE : STUDENTS MUST NOT SUBMIT ORIGINAL MARKSHEETS HAVING WRONG NAME ALONG WITH THE APPLICATION. THE WRONG MARKSHEETS MUST BE SUBMITTED AT THE TIME OF RECEIVING CORRECT MARKSHEETS ONLY.

SELF DECLARATION

I take full responsibility of the details provided above and ensure that the details produced are complete and true to the best of my knowledge and based on records.

Yours faithfully,

Attachments : Photocopy of 12th / Last Qualifying Marksheet ☐

: Photocopy of all Issued Marksheets ☐

(Name of the Student with Signature)

Forwarded Through : The Principal/Director of _____

(Signature of Principal/Director)   (Institute Seal)

FOR ACCOUNT SECTION USE ONLY

Amount Paid : _____   **Payment Receipt No. :** _____

Date : _____   **Sign :** _____