



APPLICATION FOR CORRECTION OF MARK STATEMENT

1. Register Number	
2. Name of the Candidate (in Block Letters)	
3. Degree & Branch of Study	
4. Current Semester / Year	
5. Contact Number	
6. Email ID	
7. Examination Month and Year	
8. Nature of Corrections Misprinted Correct Information	

Fee Payment Details

Amount in Rs.

Receipt No. with date

Date:

Signature of the Candidate:

Signature of the Head of the Department

Signature of the Principal