

**OFFICE OF THE CONTROLLER OF EXAMINATIONS**

**APPLICATION FOR CORRECTION IN STATEMENT OF MARKS**

Appl. No. (Office use Only)  

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1.	Name of the Candidate	
2.	Register Number	
3.	Name of the Programme	
4.	Year of Study	
5.	Semester	
6.	Month and Year of Examinations	
<i>Nature of the Corrections</i>		
<b>Printed in the Marksheet</b>		<b>Correction to be done</b>

Note: Enclosed Original Marksheet

Place:

Date:



Signature of the Candidate

Remarks by the Head of the Department:

**HoD**

**Principal**

Fees Paid Details :

Fees Paid (Rs.)	Receipt Number	Receipt Date	
			<b>Accounts Department (Signature with seal)</b>

**Office use**

Mark Sheet No : 

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Certificate Code : 

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Office Staff

Controller of Examinations