

## KANYA MAHA VIDYALAYA (AUTONOMOUS) JALANDHAR

Correction Fee
✓ Rs. 500/- per
DMC/ Certificate

## **CORRECTION PERFORMA**

FOR OFFICE USE				FOR OFFICE USE		
Co	llege Receip	t No		Diary No.		
Date : Amount :				Date :		
Ful	1 Signature o	of Cashier:				
	ALL	PARTICULARS TO	D BE FILLED IN NE	CATLY & LEGIBLY BY THE	STUDENT	
a)	Name of the Student :					
b)	Father's N	ame :				
c)	Mother's N	Name :				
d)	Registration Number :					
e)	Mobile No. :					
f)	Sr. No.	Nature	Nature of Error(s) Correct Part			
1)	51.110.	Nature	of Effor(s)	Correct rartie	uiai (s)	
		Detai	l of Certificate(s)/ l	DMC(s) for Correction		
g)	Sr. No.	Roll No.	Name o	of Programme / Semester	Session/Year	
	1.					
	2.					
	3.					
	4.					
	5.					
	6.					
n) T	otal No. of C	Certificate(s) / DMC(s)	applied for Correction:			
) D	ocument(s)	on the basis of correction	n applied:	(Coj	by enclosed)	
				s / No) if yes, then fill the following		
P	resent Seme	ster: College l	Roll No :	Student's Mobile Number:		
]		Principal		Signature of Student		
	Principal			Sign	ature of Student	
		f any)			ature of Student	
Г		f any)			ature of Student	