

CORRECTION

APPLICATION FOR CORRECTION MARKSHEET (Name, Date of Birth, etc.,)

1. NAME :
2. REG.NO :
3. PERMANENT ADDRESS :
4. COURSE & BRANCH :
5. PERIOD OF STUDY :
6. MONTH AND YEAR OF PASSING THE FINAL EXAMINATIONS _____

To

The Controller of Examinations,
NGM COLLEGE (AUTONOMOUS),
POLLACHI - 642 001.

Sir,

I have the following correction(s) in my statement of marks issued to me. I request you to kindly provide me with FRESH STATEMENT OF MARKS rectifying the same. I have remitted the prescribed fee of Rs. _____ together with the cost of Application form therefor.

SL.No.	Semester	Regular / Arrear	Month & Year of passing	Nature or correction(s)
1.				
2.				
3.				
4.				
5.				
6.				

Yours faithfully,

Encl: Bank Chalan

Signature of the Student

FOR OFFICE USE ONLY

Amount Paid: Rs. _____

Date:

CONTROLLER OF EXAMINATIONS