

KANYA MAHA VIDYALAYA (AUTONOMOUS) JALANDHAR

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

CORRECTION PERFORMA

EOD OFFIC			EOD OFFICE HE	
FOR OFFICE USE			FOR OFFICE USE	
College Receipt No			Diary No.	
Date : Amount :			Date :	
Full Signature	of Cashier:			
ALL	PARTICULARS TO BE	E FILLED IN NE.	ATLY & LEGIBLY BY THE	STUDENT
a) Name of t	the Student :			
o) Father's N				
c) Mother's	Name :			
d) Registrati	on Number :			
i) Registrati				
e) Sr. No.	Nature of Error(s)		Correct Particular(s)	
	Dotail of	Cortificato(s)/F	MC(s) for Correction	
	,		OMC(s) for Correction	
f) Sr. No.	Roll No.	Name of	f Programme / Semester	Session/Year
1.				
2.				
3.				
4.				
5.				
6.				
) Total No. of	Certificate(s) / DMC(s) appl	ied for Correction:		
			(Co	ny analogad)
Are you pres	sently studying in this Institut	ion: (Yes	/ No) if yes, then fill the following	; details
Present Seme	ester: College Roll	No:S	student's Mobile Number:	
Principal			Sign	ature of Student
Remarks (if any)			
Kemarks (11 ally/			
Incharre	(Evominations)			
menarge	(Examinations)			