For Office Use Only





Mahiravani, Trimbak Road, Nashik -422213

OFFICE OF THE CONTROLLER OF EXAMINATIONS

<u>Applica</u>	tion for Correction	s in Degree/D	iploma/	Cert	ifica	ate/	Stat	tem	ent	<u>of</u>	Gra	<u>des</u>
		Applied	Date &	Time	e:							
			PRN									
Student	Name:				<u> </u>				<u> </u>			
	Admission:											
	Io.:			anch	:							
Sr.No	Particulars								_	Fee		
	Exam session(Semester No.)								_			
Exam session(Semester No.)												
Exam session(Semester No.)												
Exam session(Semester No.)												
Exam session(Semester No.) Total Fee Payable												
	on in :						Fa	yabı	.6			
	py of 10 th /12 th Mark shee	FOR OFFICE	USE OI	VLY								
Certifica	ate Issued on :	Pı	Prepared by :									
Serial No	o.:	Ех										
Date: Signature of the Candidate Controller of Examinations									ns 			
Applicatio	on for Corrections in De	gree/Diploma/Cer	rtificate/	State	ment	of G	rade	es P	Accour	nt D	ept. C	Сору
Student 1	Name:				PRI	1 :						
Year of A	dmission :		Program	me/I	Batc:	h :						
Signature	e of Candidate				Account Departmen						ent	