



SWAMI ATULANAND HINDU MAHAVIDYALAYA

Parmanandpur, Shivpur, Varanasi 221002

APPLICATION FOR MARKSHEET CORRECTION

Name of Student:		Roll/Enrollment No.:	
Father's Name:		Course/Programme:	
Year/Semester:		Session:	
Mobile No.:		Examination Year:	

Details of Correction Required

Particular	Printed / Incorrect Entry	Correct Entry
Name		
Father's/Mother's Name		
Date of Birth		
Subject/Marks/Grade		
Other		

Documents enclosed: ☐ Original Marksheet ☐ ID Proof ☐ Previous Record/Certificate ☐ Other: _____

Declaration: I request correction of the above details and certify that the supporting documents submitted are genuine.

Date: _____

Student Signature: _____

Verified by: _____

Principal/Authorized Signature: _____