Form No.....

MANGALDAI COLLEGE (Autonomous)

CORRECTION APPLICATION FORM

B.A./B.Sc./BCA/B.Voc/M.A.

Office Use

Recieved No:.....

Recieved By:.....

Date:.....

To,
The Controller of Examinations,
Mangaldai College (Autonomous), Mangaldai
Department: .....

Subject: ..... Date: .....

Sir,
I request you kindly to do the needful of the regarding the subject mentioned below:

S. No.	***Correction/Request Type***	***Tick (✓)***	***Detailed Specification / Correct Information***
1.	***Correction of Name*** *(Student's)*		*Correct Name:* .....
2.	***Correction of Parents' Details*** *(Name/Spelling)*		*Correct Parents' Names:* .....
3.	***Correction of Address & Personal Information***		*Correct Address:* .....
4.	***Correction of Examination Form*** *(e.g., Paper inclusion/Typo)*		*Paper Code(s) / Subject(s):* .....
5.	***Correction in Course Registration*** *(Subject/Major/Minor change)*		*Correct Course/Subject details:* .....
6.	***Rechecking Form*** *(For Answer Scripts/Attendence Sheet)*		*Paper Code(s) & Subject(s):* .....
7.	***Issuing Duplicate Online Marksheet for a particular semester***		*Semester / Year of Marksheet:* .....
8.	***Correction of Phone No. & Email ID***		*Correct Phone & Email:* .....
9.	***Resetting Samarth Password***		*Reason for Reset:* .....
10.	***Others*** *(Specify Clearly)*		*Details:* .....

Name of the student	***Samarth Roll No***	***Examination Roll No***	***Class Roll No***	***Stream with Semeseter***
Department Name:			***Phone No:***	
Subject (Major/Minor):			***Email-ID:***	
Address:				

(Attached necessary documents, if necessary)

Signature of the Student

Forwarded & Recommendend by Controller:.....

Signature of Exam Controller (seal)
Mangaldai College (Autonomous)

Students will be notified through their Email-ID after resolving their issues