



To,
The Controller Of Examinations, J.R.N. Rajasthan Vidyapeeth (Deemed) University, Udaipur (Rajasthan)

Sub.: APPLICATION FOR CORRECTION IN MARKSHEET

1. Applicant's Details:

Enrollment. No.	:	_____
Name	:	_____
Father's Name	:	_____
Mother's Name	:	_____
Address	:	_____

Pincode	:	_____
Ph. No.:	:	_____
Email	:	_____

2. Study Center:

Center Code	:	DDE/RVU/ _____
Name	:	_____
Address	:	_____

City	:	_____
State	:	_____
Pincode	:	_____
Ph. No.:	:	_____
Email	:	_____

3. Correction Required in Marksheets:

Correction Should be in	Current Marksheets
1. Self Name: <input type="checkbox"/> 5. Internal Marks: <input type="checkbox"/> 8. Course: <input type="checkbox"/> 2. Father's Name: <input type="checkbox"/> 6. External Marks: <input type="checkbox"/> 9. Stream: <input type="checkbox"/> 3. Husband's Name: <input type="checkbox"/> 7. Consolidated Table: <input type="checkbox"/> 10. Semester: <input type="checkbox"/> 4. Mother's Name: <input type="checkbox"/> 11. Other (Specify): _____	
Correction Required	

4. Details of Original Marksheets Forwarded:

Sr.No.	Marksheets Sr. No.	Course	Stream	Semester	Session
Total No. of Marksheets : _____					

5. Details of fees paid : (Rs. 300/- per Marksheet)

DD/Challan No.	DD Date	DD Amount(Rs.)	Bank Name
			(DD should be payable at Udaipur)

6. Declaration by the Applicant :

a. I certify that I have read and understood all the provisions indicated in the prospectus and the Circulars published in the website www.rvduniversity.com from time to time.

b. I certify that after being fully satisfied with this course I had decided to get enroled out of my own free will and desire.

c. I further certify that same had been without any inducement and misrepresentation either from the said University or any other person concerned.

d. I shall abide by this undertaking and shall not hold anybody responsible for the same in any manner after the completion of the course.

e. I hereby certify that all the particulars stated in this application are true to the best of my knowledge & belief. In the event of suppression or distortion of any fact made in my application only I will be held responsible.

f. I understand that FEES once paid will NOT be refunded.

7. Name of Study Center Coordinator:

Seal & Signature:

Signature of the Applicant: _____

INSTRUCTIONS
1. DD should be in the Name of "The Director, J.R.N Rajasthan Vidyapeeth (Deemed) University", Payable at Udaipur. 2. Documents required. i) Original Marksheet to be corrected. ii) For name correction please attach Photo Copy of 10 th Marksheet duly attested. iii) For Father's /Mother's/Husband's Name Corrections please attach photocopy of relevant document.

For Office Use
Fees Received: _____
Document verified: _____
Dispatched on References: _____

Signature of Controller Of Examination
Date : _____