

PT. DEENDAYAL UPADHYAY MEMORIAL HEALTH SCIENCES &
AYUSH UNIVERSITY, CHHATTISGARH, RAIPUR



APPLICATION FORM FOR CORECTION IN MARKSHEET

1. Name of Student .. -----
2. Name of Father/Husband/Wife .. -----
3. Roll Number .. -----
4. Enrollment Number .. -----
5. Details of Examination ..
 1. -----
 2. -----
 3. -----
6. Nature of correction to be made in each Mark-Sheet ..
 1. -----
 2. -----
 3. -----
7. Full Postal Address ..
House No.-----Street No. -----Village -----
Colony-----Post -----Tahsil-----
Distt. ----- Pin Code-----
Mob No.-----Tel.No. -----

Date :-----

Signature of Student

For Office Use

Speed Post details: P.O. ----- Receipt No.----- Date-----