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Name of the Student

Register Number

## NEHRU ARTS AND SCIENCE COLLEGE

(An Autonomous Institution affiliated to Bharathiar University) (Reaccredited with 'A' Grade by NAAC, ISO 9001: 2015 &14001:2004 Certified Recognized by UGC with 2(f) & 12B, Under Star College Scheme by DBT, Govt. of India) Nehru Gardens, Thirumalayampalayam, Coimbatore-641 105, Tamil Nadu



## APPLICATION FOR CORRECTION OF MARK STATEMENT

| MS.<br>FO. I |                              | Remar        | ks:                             |         |         |  |
|--------------|------------------------------|--------------|---------------------------------|---------|---------|--|
| MS.<br>FO. I | No. :                        | Remar        | ks:                             |         |         |  |
| IS.          |                              | Remar        | ks:                             |         |         |  |
| Cl           |                              | Remar        | ks:                             |         |         |  |
| Cl           | For CoE's Office             |              | For Principal's Office Remarks: |         |         |  |
|              | ass Teacher                  |              |                                 |         | HoD     |  |
| Sig          | gnature of the Student       |              |                                 |         |         |  |
|              |                              |              | ₹                               | Number  | Payment |  |
| 7            | Particulars of fee paid      | :            | Amount                          | Receipt | Date of |  |
|              |                              |              |                                 |         |         |  |
|              | Wrongly Printed as           |              | Course Code                     |         |         |  |
| 6            | Nature of the Corrections    | :            |                                 |         |         |  |
|              |                              |              | Semester                        | Month   | Year    |  |
| 5            | Semester, Month & Year of Ex | camination : |                                 |         | T       |  |
| _            | Branch of Study              | :            |                                 |         |         |  |
| 4            |                              |              |                                 |         |         |  |