KG COLLEGE OF ARTS AND SCIENCE
Autonomous Institution | Affiliated to Bharathiar University
Accredited with A++ Grade by NAAC
ISO 9001:2015 Certified Institution
KGiSL Campus, Saravanampatti, Coimbatore – 641 035

OFFICE OF THE CONTROLLER OF EXAMINATIONS

APPLICATION FOR CORRECTION IN STATEMENT OF MARKS

(Office use Only)

Appl. No. | | | | | | |

1.	Name of the Candidate	
2.	Register Number	
3.	Name of the Programme	
4.	Year of Study	
5.	Semester	
6.	Month and Year of Examinations	
Nature of the Corrections		
Printed in the Marksheet		**Correction to be done**

Note: Enclosed Original Marksheet

Place:

Date:

Signature of the Candidate

Remarks by the Head of the Department:

HoD **Principal**

Fees Paid Details :

Fees Paid (Rs.)	**Receipt Number**	**Receipt Date**	
			Administrative officer

Office use

Mark Sheet No : | | | | | | |

Certificate Code : | | | | | | |

Office Staff **Controller of Examinations**