



Requisition for corrections in MIS Database / (For Students)

Name of the Student	
Roll Number(s)	
Semester	
Department	
Specialization (for PG)	
Type of Correction*	Name / Address / DoB
Data entered in MIS	
Corrections to be carried out	
Signature of the Student	

*Attach a copy of relevant certificate for correction (SSLC certificate / Proof for address / Birth Certificate or SSLC Certificate)

Date:

Head of the Department

For Office use

Associate Dean (Academic)	:	
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