



Sri Guru Ram Das University of Health Sciences, Sri Amritsar

(Application Form for Correction in Credentials)

S. No.	Particulars	Detail		
1.	Name of the Course			
2.	Name of the Applicant			
3.	Registration No.			
4.	Father's Name			
5.	Name of College			
6.	Reason for correction in document(attached the proof if any)			
7.	Examination		Roll No:	Session:
8.	Fee Detail	Bank Draft/University Receipt No. _____ Date : _____ Amount : _____		
9.	Correspondence Address	_____ _____ _____ Mobile No. _____ Email ID _____		

Note: Bank Draft should be drawn in favour of Registrar, SGRDUHS, Payable at Amritsar

Dated _____

(Full Signature of the Student)

Note:

1. **No correction fee** will be charged in case the mistake pointed out is not on the part of the student concerned. **(Within 6 months from the date of despatch of DMC/Degree).**
2. Correction fee of Rs. **1000+Rs.50/-**(form cost) will be charged after the stipulated period of 6 months from the date of issue.
3. You have to submit the original document along with this performa to the university.