



RAM KRISHNA DHARMARTH FOUNDATION UNIVERSITY, BHOPAL

Airport Bypass Road, Gandhi Nagar, Bhopal – 462033

Application Form For Issue of Duplicate/Corrected Mark-Sheet

S.No.:

Date:

To,

The Registrar
RKDF University,
Bhopal

Office use only
Duplicate/Corrected Mark-Sheet
Mark sheet No.....
Dispatch No.....
Date.....
Dealing Asstt.

Recent Passport Size Photography Duly attested by Director/Principal With seal

Sir,

I _____ Enrollment No. _____ have been a Student of this University studying as Regular/Ex-student in the _____ (College) and passed the examination in the Month and Year _____ in _____ Division. I request you to kindly issue me a Duplicate/ Corrected Mark-Sheet.

The necessary fee Rs. _____ has been deposited in Bank Draft/Challan No. _____ of Bank _____ Date _____

1. Name of the Examination for which Mark-Sheet is required Course _____
2. Name of the Semester in which you are currently studying _____
3. Branch _____ Roll No. _____ Enrollment No. _____

4. Please fill for Corrected Marksheet/Duplicate Marksheet Required:

Candidate Name (Capital Letter)		Father's Name (Capital Letter)		Mother's Name (Capital Letter)	
As Per Marksheet (UG/PG)	Corrected Name As Per Marksheet (HSC/HSSC)	As Per Marksheet (UG/PG)	Corrected Name As Per Marksheet (HSC/HSSC)	As Per Marksheet (UG/PG)	Corrected Name As Per Marksheet (HSC/HSSC)
(1)	(2)	(3)	(4)	(5)	(6)
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5. Please fill only those Semesters for which Duplicate Marksheet/Corrected Marksheet Required:

Sem	Month & Year of Exam	MarksObtained /Out of	Sem	Month & Year of Exam	MarksObtained /Out of	Sem	Month & Year Exam	MarksObtained /Out of
I			V			IX		
II			VI			X		
III			VII					
IV			VIII					

Enclosures for Duplicate Mark sheet/Corrected Mark Sheet:-

- (1) Demand Draft is payable in favour of Registrar, RKDF University, Bhopal or Bank Challan (PNB).
- (2) Original copy of Police F.I.R. (**only for Duplicate Mark Sheet**)
- (3) Original Affidavit on Rs. 10/- stamp paper. (**For both**)
- (4) Attested photograph (by Director/Principal of Institute) should be affixed. (**For both**)
- (5) Original Mark-Sheets in which Correction required. (**only for Corrected Mark Sheet**)
- (6) Attested photo-copy of Xth & XIIth Mark-Sheet. (**For both**)
- (7) Attested photocopy Admission slip of Counselling – ECCA/DTE/CLC. (**Only for Name Correction**)

Fees:-

Duplicate/Corrected Mark-Sheet Rs. 100/per Mark-Sheet

Postal Charge Rs. 50/- Extra

Your's faith fully

Note:- Incomplete Application Forms will not be Entertained.

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Signature of Student
(with Name)

Date...../...../20 .

Postal Address:-
To,
Name:.....
C/o:.....
.....
.....Pin.....
Phone/Mobile No. :

Postal Address:-
To,
Name:.....
C/o:.....
.....
.....Pin.....
Phone/Mobile No.