Rural Urban Council of Skills & Vocational Studies
ग्रामीण शहरी कौशल एवं व्यवसायिक अध्ययन परिषद
A unit of Rural Urban Skill Development & Educational Trust
Regd. NCT Delhi - Under An Act 1882 Section 60 Govt. of India- Regd, No. 362, Book No, 4, Vol No. 1912
केन्द्रीय सतर्कता आयोग PLEDGE-7759357587, श्रम विभाग NCTE दिल्ली- 2018026452
Running as per National Education Policy, 1986 Guidelines (MHRD)
उद्योग आधार भारत सरकार- DL03D0006255, मानव अधिकार संरक्षण अधिनियम 1993 के तहत संरक्षित
ISO 9001: 2015 Certified-IN6989A

To,
The COE, RUCSVS
New Delhi, (Delhi), India

Academic Center:_____

Sub.: APPLICATION FOR CORRECTION IN MARKSHEET

1. Applicant's Details:

Reg. No. / Enroll. No.: _____

Name :_____

Father's Name :____ Mother's Name :_____

Address :_____

Pincode :_____ Ph. No.:_____

Email : _____

2. Study Center:

Center Code: _____

Name :_____

Address : _____

_____

_____

City :_____ State : _____

Pincode :_____ Ph. No.:_____

Email : _____

3. Correction Required in Marksheets:

Correction Should be in		Current Marksheets	Correction Required
1. Name			
2. Internal Marks			
3. External Marks			
4. Course			
5. Stream			
6. Session			
7. Other			
(Specify)_____			

4. Details of Original Marksheets Forwarded:

Sr.No.	Marksheets Sr. No.	Course	Stream	Year	Session
Total No. of Marksheets :					

5. Details of fees paid : (Rs. 250/- per Marksheet)

Challan/ Chq/ Transaction No.	Pay Date	Pay Amount(Rs.)	Bank Name

6. Declaration by the Applicant :

a. I certify that I have read and understood all the provisions indicated in the prospectus and the Circulars published in the website **http://www.ruralurbanskills.edu.in** from time to time.
b. I certify that after being fully satisfied with this course I had decided to get enrolled out of my own free will and desire.
c. I further certify that same had been without any inducement and misrepresentation either from the said Institution or any other person concerned.
d. I shall abide by this undertaking and shall not hold anybody responsible for the same in any manner after the completion of the course.
e. I hereby certify that all the particulars stated in this application are true to the best of my knowledge & belief. In the event of suppression or distortion of any fact made in my application only I will be held responsible.
f. I understand that FEES once paid will NOT be refunded.

7. Seal & Signature of Study Center Coordinator:

8. Seal & Signature of Academic Collaborator:

Signature of the Applicant:_____

1. Documents required.
i) Original Marksheet to be corrected.
ii) For name correction please attach Photo Copy of 10th Marksheet duly attested.

For Office Use

Fees Received: _____

Document verified: _____

Dispatched on References: _____

Signature of COE

Date: