

BABA FARID UNIVERSITY OF HEALTH SCIENCES

APPLICATION FORM FOR CORRECTION IN DETAILED MARKS CARD / DEGREE

1. Name of the applicant: _____ Regn No: _____
2. Father's Name: _____
3. College: _____
4. Document required DMC/Degree: _____
5. Reason for correction in document: _____

6. Examination: _____
Roll No _____ Session _____
7. Bank Draft/University Receipt No _____ Date: _____
Amount _____ (Bank Draft should be drawn in favour of Registrar, Baba Farid University of Health Sciences payable at Faridkot)
8. Address: _____

9. Mobile /Phone No (with Code) _____
10. e-mail address _____

Signature of the Candidate

Date: _____

Note:

- 1 No correction fee be charged in case the mistake pointed out is not on the part of the student concerned.
- 2 Correction fee of Rs. 1000/- be charged if the mistake detected is on the part of the student after a period of 6 months from the date of issue.
 - a. Correction within 6 months from the date of despatch of DMC/Degree **No fee**
 - b. Correction after the stipulated period of 6 months **Rs1000+Rs50/-(Form Cost)**