



# स्वामी सत्यानन्द विद्यापीठ

## SWAMI SATYANAND VIDHYAPEETH

ANNEXURE - 4

### APPLICATION FOR CORRECTION

Date :

Correction Form for class

Session

Roll No.

Enrolment No.

**Please tick in the appropriate column**

**Correction in:**

Name ☐ Father's Name ☐ Mother's Name ☐ Date of Birth ☐

Other (specify)

**1. Name of Student in Capital Letters**

**2. Father's Name**

**3. Mother's Name**

**4. Date of Birth**

**5. Sex**

M / F ☐

**6. Nationality**

**7. Religion**

**8. Tick Here: Caste :** SC ☐ ST ☐ OBC ☐

**9. Postal Address**

Pin Code

**10. Phone No.**                 **Mobile No.**

**11. E-mail**

**12. Details of Correction required:**

	Present Detail	New Detail
Student Name		
Father's Name		
Mother's Name		
Date of Birth		

Space for  
passport size  
photograph  
duly self attested,

Signature of Candidate

13. DETAILS OF FEES PAID:

Demand

Amount:

Date:

15. Documents to be enclosed: (i) Copy of Marksheet/documents (ii) Demand Draft. (iii) Proof of correction.

Note: (1) Demand Draft should be drawn in favour of **Swami Satyanand Vidhyapeeth** payable at nagpur

(ii) Form should be filled in with Black ball pen only.

**Declaration :**

I \_\_\_\_\_ son/daughter of \_\_\_\_\_ do hereby declare that the particulars furnished above are correct to the best of my knowledge and belief. I will fully responsible for any false and misleading information found at any stage. I also declare that I shall abide by the rules and regulation and terms & conditions issued by **Swami Satyanand Vidhyapeeth** form time to time.

Signature of the Parents/Guardian

Date

Signature of the Student

Place