



BHABHA UNIVERSITY

Jatkhedhi Hoshangabad Road, Bhopal (M.P.) Pin Code - 462026

Web Site: www.bhabhauniversity.edu.in

E-Mail:- bhabhauniversitybpl@gmail.com

Application Form for Issue of Duplicate / Name Correction In Mark-Sheet

To,
The Registrar,
Bhabha University Bhopal.

Sir,
I.....Enrolment No.....have
been a student of this University studing 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 Duplicate/Corrected Mark-Sheet.

The necessary fee Rs.....Has been deposited in Challan (OnlyUBI RKDF Branch) / Paytm
No..... Dated.....

- Name of the Examination for which Mark-Sheet is required course.....
- Name of the semester in which you are currently studying..... Course
- Branch.....Enrollment No.....
- Student Email ID..... WhatsApp No.

Please fill for corrected Mark sheet / Duplicate Marks sheet Required:

Candidate Name (Capital Letter)		Father's / Husband's (Capital Letter)	
As Per Mark sheet (UG/PG)	Corrected Name As Per Mark Sheet (HS/HSSC)	As Per Mark sheet (UG/PG)	Corrected Name As Per Mark Sheet (HS/HSSC)
(1)	(2)	(3)	(4)
.....
.....

6. Please fill only those semester for which corrected Marks sheet / Duplicate Mark sheet Required:

Sem.	Month & Year of Exam	Marks Obtained /Out of	Sem.	Month & Year of Exam	Marks Obtained /Out of

Enclosures for Duplicate Mark Sheet / Corrected Mark Sheet :-

- (1) Bank challan (UBI RKDF Campus) or Paytm
- (2) Original copy of police F.1. R. (only for duplicate Mark sheet)
- (3) Original affidavit on Rs. 10/- stamp paper. (For both)
- (4) Original Mark-sheet in which correction required.(only for corrected Mark sheet)
- (5) Attested photo-copy of X & XII Mark-sheet (for both)

1. CORRECTION IN MARKSHEET

a. : Rs. 500/- (Per Marksheet)

2. FOR DUPLICATE MARKSHEET

a. Single Marksheet : Rs.500/-

b. If any more than one : Rs. 200/- (Per Marksheet)

Postal Charge

Rs.100/- Extra (If post in Postal Address)

Note :- Incomplete Application Forms will not be entertained.

**Your's Faith Fully
Signature of Student
(With Name)**

Date : / /20

Postal Address:

Name..... S/o D/o.....
Address.....
City PIN code.....