Sam Higginbottom University of Agriculture, Technology And Sciences

Directorate of Distance Education

APPLICATION FORM FOR CORRECTION IN NAME / FATHER'S NAME

Read the Instruction Carefully before filling the Form. All Fields of the Form are Mandatory.

Enrollment Number (As in the ID card) - | IPIP Code (Optional) | Programme | Semester/ Year

Name of the Student as in the Mark Sheet (Incorrect)

Correct Name of the Student

(Attach Affidavit in original on a Rs. 10/- Notarized Non - Judicial Stamp Paper or Photo Copy of High School Certificate)

Father's/ Husband's Name as in the Mark Sheet (Incorrect)

Correct Father's/ Husband's Name

(Attach Affidavit in original on a Rs. 10/- Notarized Non - Judicial Stamp Paper or Photo Copy of High School Certificate)

Complete address (Do not repeat the name)

Pin

Mobile Number | e-mail ID

DD Number | DD Date (d d m m y y y y) | DD Amount | Name of the Bank

Demand Draft of Rs. 750/- to be in favour of **"DDE, SHUATS"** payable at Allahabad for each mark sheet to be corrected.

Note: Attach all original documents for corrections else the application form will not be accepted.

DD Date (d d m m y y y y) | Place | Signature of the student

The completely filled form must be sent on the fallowing address:

DIRECTOR
Directorate of Distance Education
Sam Higginbottom University of Agriculture, Tech. And Sciences
Naini, Allahabad - 211007
Ph. : 0532-2684317, Email - dir_dde@shuats.edu.in

For Office Use Only

Enrollment Number. _____ DD Number. _____

Date of Receiving _____ Issuing Branch _____

Sent for Verification to _____ DD Amount _____ Issuing Date_____

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Accepted/ Rejected (if rejected mention reason)

Authorized Signatory