

Govt. Registration No. 1/IV-9

गुरूकुल शिक्षा मण्डल उत्तर प्रदेश

Gurukul Shiksha Mandal Uttar Prades

Reg. By MSME ,NITI AAYOG ,NCT DELHI

CORRECTION FORM

	Date:		
Correction From for Class	Session		
Roll No. Enrolmen	nt No.		
Please tick in the appropriate column			
Correction in: Name [] Father's Name [] Mother's Na	ame [] Date of Birth []	Space for passport size photograph	
1. Name of Student (In Block Letters)		duly attested	
2. Father's Name / Husband's Name		Signature of student	
		Signature of student	
3. Mother's Name			
4.Date Of Birth 5. Sex 6.Nationality 7. Religion			
M/F			
8.Tick Here: Caste: SC ST OBC			
9. Postal Address			
10. Details of qualifying examination			
	Present Detail	New Detail	
Student Name			
Father's Name			
Mother's Name			
Date of Rirth			

Demand Draft No.: Amount:	Date:	
12. Document to be enclosed :(i) Copy of Marksheet/documents (ii) Demand	d Draft (iii) Proof of co	rrection.
Note: (i) Demand Draft should be drawn in fabour of Gurukul Shiksha (ii) From should be filled in with Black ball pen only.	a Mandal Uttar Prad	lesh
DECLARATION :		
I son/daughter of _ declare that the particulars furnished above are correct to the best responsible for any false and misleading information found at any stathe rules of regulation and terms & conditions issued by Gurukul Sh to time.	age. I also declare t	nd belief. I will fully hat I shall abide by
Signature of the Parents/Guardian	Signature of the	he Student
Date:	Place:	

Email: gurukulshikshamandal.@gmail.com, Website: www.: gurukulsikshamandal.in