



KARNATAKA STATE OPEN UNIVERSITY

Mukthagangotri, Mysore – 570 006, Karnataka, India

www.ksoumysore.edu.in

To,
The Registrar (Evaluation),
KSOU,
Mukthagangotri, Mysore (Karnataka)

Academic Collaborator: _____

Sub.: APPLICATION FOR CORRECTION IN MARKSHEET

1. Applicant's Details:

Reg. No. / Enrol. No.:	_____	
Name	: _____	
Father's Name	: _____	
Mother's Name	: _____	
Address	: _____	
_____	_____	
Pincode :	_____ Ph. No.:	_____
Email :	_____	

2. Study Center:

Center Code	: KSOU / _____	
Name	: _____	
Address	: _____	
_____	_____	
City :	_____ State :	_____
Pincode :	_____ Ph. No.:	_____
Email :	_____	

3. Correction Required in Marksheets:

Correction Should be in	Current Marksheets	Correction Required
1. Name <input type="checkbox"/>		
2. Internal Marks <input type="checkbox"/>		
3. External Marks <input type="checkbox"/>		
4. Course <input type="checkbox"/>		
5. Stream <input type="checkbox"/>		
6. Semester <input type="checkbox"/>		
7. Other <input type="checkbox"/>		
(Specify) _____		

4. Details of Original Marksheets Forwarded:

Sr.No.	Marksheets Sr. No.	Course	Stream	Semester	Session

Total No. of Marksheets :

5. Details of fees paid : (Rs. 100/- per Marksheet)

DD/Challan No.	DD Date	DD Amount(Rs.)	Bank Name	(DD should be payable at Mysore)

6. Declaration by the Applicant :

- I certify that I have read and understood all the provisions indicated in the prospectus and the Circulars published in the website www.ksoumysore.edu.in from time to time.
- I certify that after being fully satisfied with this course I had decided to get enrolled out of my own free will and desire.
- I further certify that same had been without any inducement and misrepresentation either from the said University or any other person concerned.
- I shall abide by this undertaking and shall not hold anybody responsible for the same in any manner after the completion of the course.
- I hereby certify that all the particulars stated in this application are true to the best of my knowledge & belief. In the event of suppression or distortion of any fact made in my application only I will be held responsible.
- I understand that FEES once paid will NOT be refunded.

7. Seal & Signature of Study Center Coordinator:

8. Seal & Signature of Academic Collaborator:

Signature of the Applicant: _____

INSTRUCTIONS

- DD should be in the Name of "The Finance Officer, Karnataka State Open University", Payable at Mysore.
- Documents required.
 - Original Marksheet to be corrected.
 - For name correction please attach Photo Copy of 10th Marksheet duly attested.

For Office Use

Fees Received: _____
Document verified: _____
Dispatched on References: _____

Signature of Registrar (Evaluation)

Date :