

ATAL BIHARI VAJPAYEE PARAMEDICAL AND HEALTH SCIENCE

www.atalbvphs.com, Helpline No.:- 9458506929

CORRECTION FORM

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

11. DETAILS OF FEES PAID Demand Draft No.:	Date:
Amount:	Date.
12. Document to be enclosed :(i) Copy of Marksheet/document	ments (ii) Demand Draft (iii) Proof of correction.
Note: (i) Demand Draft should be drawn in fabour of Uttar Pradesh (ii) From should be filled in with Black ball pen	·
DECLARATION:	
declare that the particulars furnished above are corr responsible for any false and misleading information	aughter of do herebyect to the best of my knowledge and belief. I will fully found at any stage. I also declare that I shall abide by by Board of Electro Homoeopathic Medicine Utta
Signature of the Parents/Guardian	Signature of the Student
Date:	Place: