



NIMS UNIVERSITY RAJASTHAN, JAIPUR

DIRECTORATE OF DISTANCE EDUCATION

REQUISITION FORM CORRECTION IN DOCUMENT(S)

NOTE- THE OFFICE WILL NOT BE LIABLE FOR ANY DELAY CAUSED BY INCOMPLETE FILLED FORM AND INSUFFICIENT DOCUMENTS.					APPLICATION No (For Office Use): <table border="1" style="display: inline-table; width: 100px; height: 20px;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>														
1. STUDENT'S NAME																			
2. FATHER'S NAME																			
3. REQUIRED CORRECTIONS IN WHICH DOCUMENT(S). <i>PLEASE SUBMIT THE ORIGINAL DOCUMENT(S) FOR WHICH THE CORRECTION IS REQUIRED.</i>																			
4. CORRECTIONS DETAILS																			
CORRECTION TYPE	WRONG	CORRECT	REMARKS																
5. FEE DETAILS: (Note-DD should be drawn in favour of NIMS University, Payable at Jaipur.)																			
DD NO.	AMOUNT	NAME OF BANK AND LOCATION					DATE(MM/DD/YYYY)												
6. ADDRESS <small>(Where the Document(s) to be delivered including ZIP code)</small>																			
Mob No.:		Land Line Ph. No.(with STD Code):		Email ID:															
7. DECLARATION:																			
I hereby certify and declare that the information given in the Application is complete and accurate to the best of my knowledge. I understand and agree that misrepresentation or omission of facts will justify the cancellation of my Requisition Form. I abide to all the terms & conditions of the University.																			
Date (MM/DD/YYYY):					Signature of Applicant:														
8. DOCUMENT(S) ATTACHED:																			
(i) Self attested photocopy of 10 th (High School) Certificate. (ii) All other self attested educational documents i.e. 12 th , Graduation, Post Graduation, Diploma etc. (iii) Demand Draft [(s) if the document is more than one of requisite fee for each document (as on website). (iv) Original document for in which correction required with supporting document.																			
FOR OFFICE USE ONLY																			
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(a) Document		Comment (if any)				Comment (if any)													
(c) Form Status		Approved <input type="checkbox"/> Not Approved <input type="checkbox"/>		Reason (if any):															
2. REQUISITION FORM RECEIVED ON: ___/___/___					RECEIVED BY														
3. CORRECTED DOCUMENT(S) PREPARED ON: ___/___/___					SERIAL NO. <table border="1" style="display: inline-table; width: 100px; height: 20px;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>														
4. CORRECTED DOCUMENT(S) DELIVERED			5. DATE OF DELIVERY: ___/___/___			6. TRACKING NO. <table border="1" style="display: inline-table; width: 100px; height: 20px;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>													
7. SIGNATURE OF NDDE OFFICIAL: Comment (If any):																			
* Signature of Applicant: (if deliver by hand):																			
DATE: ___/___/___					SIGNATURE:														