

Internal Assessment

Request for Correction
Please fill complete form

Name			
Course			
Year		<u>Sem</u>	
College Roll No.		Exam. Roll No.	
(Mandatory) Mobile Phone			
E-mail ID			

Ref. No. (<i>Mandatory</i>)	PAPER CODE	PAPER TITLE/ MARKS	Query/ Correction requested	TEACHER'S NAME
CDB/TE_IA/SEM069/SUN/_____				
CDB/TE_IA/SEM069/SUN/_____				
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DATE _____

Send your form at kusum.lata@sndkc.du.ac.in

Last Date of Submission 13-08-2021