



ARUNAI ENGINEERING COLLEGE

(Autonomous)

Tiruvannamalai-03



OFFICE OF THE CONTROLLER OF EXAMINATIONS

APPLICATION FOR CORRECTION IN CERTIFICATES

1.	Name of the Student as per COE records	
2.	Register Number (12 Digits)	
3.	Course / Branch / Year / Semester	
4.	Date of Birth (DD-MM-YYYY)	
5.	Correction in Certificate for which applied for	<input type="checkbox"/> Grade Sheet ; <input type="checkbox"/> Consolidated grade sheet
6.	For Correction, mention the (i) Semester (ii) Month and Year of Exam for which corrected grade sheet is required.	
7.	Reason for Correction (e.g., Spelling mistake / Name mismatch / DOB correction / Register No. error)	
8.	<u>Old Details exist in the Certificate</u> Name: _____ Register No: _____ DOB: _____ Gender: _____ UMIS No.: _____	<u>New Details to be updated in the Certificate</u> (Please fill only the field(s) where correction is required.) Name: _____ Register No: _____ DOB: _____ Gender: _____ UMIS No.: _____
9.	** Proof to be enclosed along with this application(Attach self-attested copies) (i)Tamil Nadu Gazette page no. (in case of name change) (ii)Copy of 10 th Mark statement (iii)Copy of 12 th Mark statement (iv) Copy of AADHAR CARD	
10.	Mode of receiving the certificate: (i) In person / (ii) By post (mention full postal address).	
11.	Contact Phone Number & Email ID	

*Original Certificate(s) must be enclosed along with this application.** Enclosures are compulsory.

Note: This procedure is applicable for Examinations Conducted Under Autonomous (From Nov/Dec'2024) .

DECLARATION

I hereby declare that all the details furnished above are true and correct to the best of my knowledge and belief.

Date:- _____

Signature of the Candidate

Verified & Recommended	Forwarded
Head of the Department	PRINCIPAL

FOR OFFICE USE ONLY

Verified and found eligible for issue of corrected certificate(s) : Yes / No	
Signature of Scrutinizing Staff with date:	
Certificate Issued on :	Prepared by:
Certificate Sl. No.:	Examined by:

CONTROLLER OF EXAMINATIONS