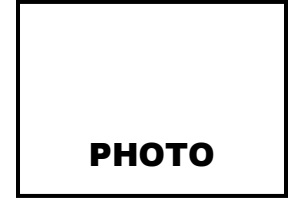


**MSG-SGKM COLLEGE OF ARTS, SCIENCE AND COMMERCE  
GHATKOPAR (E), MUMBAI - 400 077**

**APPLICATION FOR DUPLICATE MARKSHEET / NAME CORRECTION**

To,  
The Principal,  
MSG-SGKM College of ASC,  
Ghatkopar (E), Mumbai - 400 077



Respected Sir / Madam,

Date: \_\_\_\_\_

I wish to apply for Duplicate Marksheet(s). My particulars are as below:

NAME: \_\_\_\_\_ CONTACT NO. \_\_\_\_\_

Academic year in which joined the College: \_\_\_\_\_ Class: \_\_\_\_\_ Div: \_\_\_\_\_ Roll No. \_\_\_\_\_

Presently studying (if applicable) in Class: \_\_\_\_\_ Div: \_\_\_\_\_ Sem: \_\_\_\_\_ Roll No. \_\_\_\_\_

Required duplicate marksheet(s) of:

Sr. No.	Course	OLD	Sem	Seat No. / Roll No.	Exam March/Oct	Year	Result Pass/Fail/ATKT
1							
2							
3							
4							
5							

Reason for Obtaining Duplicate Marksheet: \_\_\_\_\_

- \*Note: (1) It is mandatory to attach FIR lodged at Police Station OR an Affidavit on Stamp Paper Rs.20/- explaining reason for obtaining the Duplicate Marksheet.  
(2) For Name correction kindly attach HSC Marksheet Xerox.

Date: \_\_\_\_\_

Applicant's Signature

.....

**FOR OFFICE USE ONLY**

Fee Receipt No: \_\_\_\_\_ Date: \_\_\_\_\_

Remarks: \_\_\_\_\_

SIGNATURE OF ADMIN EXECUTIVE

PRINCIPAL