



National Institute for Empowerment of Persons with Multiple Disabilities (Divyangjan) (NIEPMD)

(Dept. of Empowerment of Persons with Disabilities, Ministry of Social Justice & Empowerment, Govt. of India)

National Board of Examination in Rehabilitation

(An Adjunct Body of Rehabilitation Council of India, under Ministry of Social Justice and Empowerment)

Date: ___/___/20__

MARK SHEET/ CERTIFICATE CORRECTION FORM

Enrolment Number

Name of the Student

Center Code Course Code

Payment Details

Amount Paid: Bank Name

DD No. / NEFT Transaction No. DD Date / NEFT Transaction Date

Correction Request Details			
Requesting Changes in (Please Tick whichever field is required to change)		Data as mentioned in Mark Sheet / Certificate	Correction Needed
<input type="checkbox"/> Student's Name	Fee Rs.1000/- for each Mark Sheet / Certificate	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Father's Name		<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Mother's Name		<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Date of Birth		<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Others		<input type="text"/>	<input type="text"/>

Please enclose

- DD to be drawn in favour of The **Director, NIEPMD** payable at Chennai.
- NEFT to be made to the NIEPMD- RCI A/C No: **6273408403**, Bank Name : **Indian Bank**, Branch : **Kovalam**, **IFSC Code : IDIB000K122 (Must Attach Payment Slip)**
- Original certificate that was sent by NBER. [No. of Mark Sheets _____ & No. of Certificates _____]
- Corrections with supporting documents (Proof).

NOTE: Please note the processing of certificate/ mark sheet correction will take **four weeks** from the date of receipt of request.

Sincerely,

Institution Seal

Course Co- ordinator

(Name: _____)

Contact Number: _____ (Mandatory)