



**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)

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Date: \_\_\_/\_\_\_/2020

**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

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

Sincerely,

**Institution Seal**

**Course Co-ordinator**  
(Name : \_\_\_\_\_)

**Contact Number:** \_\_\_\_\_ (Mandatory)