

OFFICE OF ADDITIONAL CONTROLLER OF EXAMINATIONS
UNIVERSITY DEPARTMENTS
ANNA UNIVERSITY, GUINDY, CHENNAI – 600 025.

APPLICATION FOR ISSUE OF NAME CORRECTION

Degree & Branch :

Campus through which studied / studying :

1. Name of the Student :

2. Register Number :

3. Date of Birth :

4. Register Phone No. / Email Id :

5. ID proof of 10th and 12th (duly attested) :

6. Month / Year of Examination :

7. Payment Details (enclose challan) : Fees Paid Yes / No
(Only for Passed Out Students)

Details	From	To
Name :		
Semester :		
Other :		

Place :

Date :

Signature of the Candidate

Signature of the Dean (CEG/MIT/ACT/SAP Campus)

FOR OFFICE USE ONLY

Grade sheet issued on :

Prepared by :

Grade sheet Serial No. :

Verified by :

Deputy Controller of Examinations

Additional Controller of Examinations