Kannada Sangha Pune's
Kaveri College of Arts, Science and Commerce

To,
The Principal,
Kaveri College of Arts, Science and Commerce, Pune

Subject: Application for Name Correction in University Documents

Respected Sir/Madam,

I, _____, a student of _____ (Course/Class), request the College to process my application for correction of my Student Name / Mother's Name in the University documents issued by Savitribai Phule Pune University.

1. STUDENT DETAILS

Name as per College Record		**PRN**	
Eligibility No.		**Course**	
Email ID		**Mobile No.**	

2. DETAILS OF NAME CORRECTION

Student Name currently appearing	
Correct Student Name	
Mother's Name currently appearing	
Correct Mother's Name	

Correction required: ☐ Student Name ☐ Mother's Name ☐ Both

3. DETAILS OF UNIVERSITY DOCUMENTS REQUIRING CORRECTION

Please provide details of all marksheets/documents in which the correction is required.

Sr. No.	Examination / Semester	Passing Month & Year	Seat No.	Document	Correction Required
1				Marksheet / Passing Certificate	
2				Marksheet / Passing Certificate	
3				Marksheet / Passing Certificate	
4				Marksheet / Passing Certificate	
5				Marksheet / Passing Certificate	
6				Marksheet / Passing Certificate	

If additional documents are to be included, attach a separate sheet with the same details.

4. DOCUMENTS ENCLOSED

☐ Copy of all University marksheets/documents requiring correction
☐ Aadhaar Card
☐ HSC Passing Certificate
☐ Domicile Certificate
☐ Government Gazette Copy (if applicable)
☐ Affidavit (if applicable)
☐ Other supporting document: _____

DECLARATION

I hereby declare that the information provided above is true and correct. I have carefully checked the existing and corrected name and have enclosed copies of all University documents requiring correction. I request the College to verify my documents and process/forward my application for name correction as per the rules and procedure of Savitribai Phule Pune University.

Place	Pune	**Signature of Student**	
Date	/ /	**Name of Student**	