

K.J.SOMAIYA COLLEGE OF ARTS & COMMERCE (AUTONOMOUS)  
VIDYAVIHAR - 77

FORM 1

DUPLICATE/CORRECTION/REFUND/RESULT PRINTOUT

Student's Name: _____
ID NO: _____
Class: _____ Roll No: _____
Div: _____
Mobile No: _____
Date: _____

To,  
The Principal,  
KJSAC

Dear Sir/Madam,

I, the undersigned student, with my details as mentioned above, hereby, wish to apply for:

(Please tick the appropriate option)

- 1 Duplicate Mark sheet
- 2 Correction in Mark Sheet
- 3 Result Printout
- 4 Refund of Amount
- 5 Any other

Kindly do the needful.

Thanking you

Yours' sincerely

(Signature of the student)

Encl:

(P.T.O)

Sc