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An Autonomous Institution

PROFORMA FOR DISCREPANCIES IN MEMORANDUM OF GRADES

Date:

BRANCH:

HT NUMBER:

REGULATION:

CORRECT NAME (As per SSC)	NAME OF THE CERTIFICATE
CORRECT NAME (As per SSC)	NAME OF THE CERTIFICATE
-	
	(As per SSC) CORRECT NAME

ANY OTHER DESCREPANCY:

NAME & SIGNATURE OF THE STUDENT

PRINCIPAL

Counseling Code

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