

CORRECTION/REPLACEMENT FORM

IKLC INSTITUTION CODE:	
INSTITUTION'S NAME	
	(If correction required):
INSTITUTION'S POSTAL ADDRESS	
	(If correction required):
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TEHSIL	
DISTRICT	
PHONE (S)	
FAX	
E MAIL	
OFFICIAL TITLE OF THE INSTITUTION'S BANK ACCOL	INT FOR HONORARIUM
	(If correction required):

CLASS WISE SUMMARY OF STUDENTS TO BE REGISTERED

(If correction required):

LEVEL	CLASS		NO. OF STUDENTS (in figures)
DDE FOOLIED	01	ONE	
PRE ECOLIER	02	TWO	
ECOLIER	03	THREE	
ECOLIER	04	FOUR	
DENLIAMIN	05	FIVE	
BENJAMIN	06	SIX	
CADET	07	SEVEN	
CADET	08	EIGHT/O LEVEL-I	
JUNIOR	09	NINE/O LEVEL-I & II	
JUNIOR	10	TEN/O LEVEL-II & III	
STUDENT	11	ELEVEN/O LEVEL-III & A LEVEL-I	
	12	TWELVE/A LEVEL-I & II	
	13	THIRTEEN/A LEVEL-II/BA/BS/BCS-I	
	TOTA	AL NO. OF STUDENTS	



STUDENT(S) CORRECTION FORM (If required)

S.NO.	ROLL NO.	STUDENT'S NAME	FATHER'S NAME	CLASS (If change)

REMARKS: _____

SIGNATURES & STAMP PRINCIPAL /HEAD OF THE INSTITUTION



STUDENT(S) REPLACEMENT FORM (If required)

S.NO.	ROLL NO.	REPLACEMENT FROM			REPLACEMENT TO		
		STUDENT'S NAME	FATHER'S NAME	CLASS	STUDENT'S NAME	FATHER'S NAME	CLASS

REMARKS:			
REMARKS:			
ILIMANNO.			

SIGNATURES & STAMP
PRINCIPAL /HEAD OF THE INSTITUTION