



F. No.2-36/2026/Legal/

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Lal Bahadur Shastri Paramedical Skill and Training Council, New Delhi

ç'kkIfud vuHkkx / **Administrative Department**

oc lkbV@www.lbspstc.in

f nukd@Dated:-_____

APPLICATION FOR CORRECTION / AMENDMENT

Form Sl. No.: _____

Session / Year: _____

1. TYPE OF CORRECTION REQUIRED (tick all that apply)

☐ Mark sheet	☐ Diploma Certificate	☐ Registration Certificate	☐ Other (specify): _____
Theory / Practical / Both	Name / Photograph / Marks	Name / DOB / Address	Specify below

2. PARTICULARS OF THE CANDIDATE

Name of the Candidate	
Father's / Guardian's Name	
Mother's Name	
Date of Birth	
Gender	
Course Name	
Session / Academic Year	
Enrollment No.	
Roll No. / Exam Roll No.	
Registration No. (if issued)	

3. CONTACT DETAILS OF THE CANDIDATE

Postal Address (with PIN Code)	
Mobile No.	
Study Centre / Affiliated Institute (Name & Code)	

6. DOCUMENTS ENCLOSED (tick the documents attached)

☐ Original Marksheet / Diploma / Registration (to be returned)	☐ Affidavit on non-judicial stamp paper (Rs. 100)	☐ Proof of correct entry (Board / School Certificate)
☐ Aadhaar Card / Govt. ID proof of candidate	☐ Fee receipt (Amount Rs.250 / Receipt No. _____)	

7. DECLARATION BY THE CANDIDATE

I hereby declare that the information given above is true and correct to the best of my knowledge and belief. I understand that any false information may lead to the rejection of this application and / or cancellation of the issued document. I undertake to return the original document for correction and to comply with all rules, procedures and fee requirements prescribed by the Council from time to time.

Signature of Candidate

Name: _____

Date: ____ / ____ / ____

8. FOR OFFICE USE ONLY

Date of Receipt at Council	
Receipt No. / Reference No.	
Documents Verified By (Name & Designation)	
Approved / Rejected (reason if rejected)	
Corrected Document Issued on (Date) / Dispatch No.	

**Signature & Seal
Dealing Assistant**

**Signature & Seal
Authorised Signatory
Lal Bahadur Shastri Paramedical
Skill & Training Council**