

**INNOVATIVE LEARNING**

## CORRECTION/REPLACEMENT FORM

**INSTITUTION'S DETAILS**

IKSC INSTITUTION CODE: 

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INSTITUTION'S NAME *(If correction required):*


INSTITUTION'S POSTAL ADDRESS *(If correction required):*


TEHSIL	
DISTRICT	
PHONE (S)	
FAX	
E Mail	

OFFICIAL BANK TITLE OF THE INSTITUTION'S BANK ACCOUNT FOR HONORARIUM *(If correction required):*


Class Wise Summary of Students to be registered *(If correction required):*

LEVEL	CLASS		NO. OF STUDENTS (in figures)
<b>PRE ECOLIER</b>	01	ONE	
	02	TWO	
<b>ECOLIER</b>	03	THREE	
	04	FOUR	
<b>BENJAMIN</b>	05	FIVE	
	06	SIX	
<b>CADET</b>	07	SEVEN	
	08	EIGHT/O LEVEL-I	
<b>JUNIOR</b>	09	NINE/O LEVEL-I & II	
	10	TEN/O LEVEL-II & III	
<b>TOTAL NO. OF STUDENTS</b>			



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**STUDENT(S) CORRECTION FORM** *(If required)*

<b>S.NO.</b>	<b>ROLL NO.</b>	<b>STUDENT'S NAME</b>	<b>FATHER'S NAME</b>	<b>CLASS</b> <i>(If change)</i>

**REMARKS:** \_\_\_\_\_

**SIGNATURES & STAMP**  
**PRINCIPAL /HEAD OF THE INSTITUTION**

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**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:** \_\_\_\_\_

**SIGNATURES & STAMP**  
 PRINCIPAL/HEAD OF THE INSTITUTION