



किरीडीमल कॉलेज

दिल्ली विश्वविद्यालय, दिल्ली-११०००७

KIRORI MAL COLLEGE

University of Delhi, Delhi-110007

NAAC Accredited A++ 3.54 CGPA, CYCLE 2 NIRF RANK 9

Date: 12.08.2026

NOTICE

Students seeking a change of DSE / GE or correction in AEC allocation must report in person with a duly filled “**Allotted Subject Change Form**” as per the schedule below.

Venue: College Office, Window No. 5 (Mr. Vikas)

Dates: 13 - 18 August 2026 (as per the Schedule below)

Time: 9:00 AM - 5:00 PM

Requests will be accepted only on physical submission of the completed form (attached below) during the above period. No requests for change or correction will be entertained after 18th August 2026.

Students must ensure that the form is **complete in all respects** before submission.

Best wishes,

Prof. Dinesh Khattar
Principal

Note:

Schedule for submission of the Allotted Subject Change Form

Semester	Submission Dates for Allotted Subject Change Form
VII	13 and 14 August 2026
V	14 and 17 August 2026
III	17 and 18 August 2026
I	17 and 18 August 2026

KIRORI MAL COLLEGE

ALLOTTED SUBJECT CHANGE FORM

(For change of DSE / GE / AEC allocation only)

(NOTE: NO CHANGE IN SEC AND/OR VAC ALLOCATIONS IS ALLOWED)

A. Student Details

1. Name of the Student: _____
2. College Roll Number: _____
3. Programme Name: _____ Semester: ☐ I ☐ III ☐ V ☐ VII
4. E-mail: _____
5. Contact Number: _____

B. Subject Change/Correction Details

1. Tick ✓ the applicable category

☐ DSE Change ☐ GE Change ☐ AEC Correction

Currently Allotted Subject (UPC & Title)

Requested Subject (UPC & Title)

2. Reason for Change / Correction (Mandatory)

(Note: 1. Change in GE will be considered **only among the three preferences** originally submitted by the student.
2. For correction in AEC, the student must submit a relevant document (Class XII/X/VIII/et)c along with the form)

3. Acknowledgement (by Current Subject Teacher)

I have been informed of the student's request for a change or correction to the subject allocation.

Name and Department of Teacher: _____

Signature: _____ Date: _____

4. Consent (by Requested Subject Teacher)

I have no objection to allotting the requested subject to the student, subject to eligibility and seat availability.

Name and Department of Teacher: _____

☐ Seats Available ☐ Seats Not Available

Signature: _____ Date: _____

C. Declaration by the Student

I hereby declare that the information provided above is true and correct. I understand that the change is subject to availability, eligibility, and approval by the competent authority.

Signature of Student: _____ Date: _____

For Office Use only

Date of Submission _____

No. Assigned _____