



Dr. YSR UNIVERSITY OF HEALTH SCIENCES, VIJAYAWADA – 520008

APPLICATION FOR RECOGNITION OF CHANGE IN NAME / SURNAME

NAME OF THE COURSE _____

1.	Name and Surname in full as already recorded (in block letters)	:	
2.	Name and surname in full with the change for which recognition is sought for (in block letters)	:	
3.	Reasons for the proposed change in name together with documents, if any, in support there of	:	
4.	Whether a copy of the notification regarding change of name published in the Government Gazette is attached (Specify Details)		
5.	Name of the course Studying		
6.	Hall Ticket/Register Number		
7.	Present Month and Year of studying		
8.	College in which studying		
9.	Details of fee paid	D.D.No.	Date:
		Amount:	Bank:
10.	Address for communication With Mail ID and Phone No.		

SIGNATURE OF THE CANDIDATE

CERTIFICATION BY THE PRINCIPAL

Certified that the entries made above have been verified and found correct. The reasons assigned for changing name are satisfactory. The application for change of name is recommended.

Station:

Office Seal

Signature of the Principal

Date:

<u>FOR THE USE BY PRO CELL OF Dr. YSR UHS. VIJAYAWADA.</u>	<u>Documents to be enclosed:</u> <u>(Xerox Copies)</u> 1. Intermediate Certificate. 2. Marks Memos/Provisional Certificate. 3. A copy of the Gazette in which the change was already got published. 4. Marriage Certificate issued by the competent authority in case of Married Women.
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