

CHANGE OF NAME APPLICATION FORM

Type of Application: Major Minor

Applicant Details:-

Applicant Present Surname*: _____

Applicant Proposed Surname*: _____

Applicant Present Name*: _____

Applicant Proposed Name*: _____

Gender*: Male Female

Marital Status*: Single Married Widow Widower Divorced

Father Name*: _____

Mother Name*: _____

Husband/Wife Name: _____

Age*: _____

Place of Birth*: _____

Address: _____

Pin code: _____

For any Query Contact Indu : Call 9892880035