

CENTRE FOR STUDENT AFFAIRS ANNA UNIVERSITY, CHENNAI APPLICATION FOR NAME CHANGE UPDATION

Da	eate:	Signature of the Principal (with office Seal)
	Forwarded by	Signature of the Candidate
u oci	1101.	
I hereby declare that all the details furnished above are true and correct to the best of my knowledge and belief.		
<u>DECLARATION</u>		
9	Contact Phone No.	
8	Email Id. of the Candidate	
7	Date of release of Gazette	
6	Tamil Nadu Government Gazette Page No. (that includes the name change)	
5	New Name of the Student (in CAPITAL LETTERS)	
4	Name of the Institution	
3	Course / Branch / Semester	
2	Register Number	
1	Name and Address of the Candidate (Old name in CAPITAL LETTERS)	
	2 3 4 5 6 7 8 9	1 (Old name in CAPITAL LETTERS) 2 Register Number 3 Course / Branch / Semester 4 Name of the Institution 5 New Name of the Student (in CAPITAL LETTERS) 6 Tamil Nadu Government Gazette Page No. (that includes the name change) 7 Date of release of Gazette 8 Email Id. of the Candidate 9 Contact Phone No. DECLARATI I hereby declare that all the details furnished above are dibelief.