



St. PETER'S UNIVERSITY

(St. Peter's Institute of Higher Education and Research)

Avadi, Chennai – 600 054. Tamil Nadu.

APPLICATION FORM FOR CHANGE OF NAME

1. Name of the Candidate
before Gazetting :
2. Name of the Candidate
after Gazetting :
3. Date of Gazette (Enclose attested copy of
the Gazette)
4. Name of the candidate in the previous
educational certificates(including 10th, 12th
Degree, PG etc). :
Enclose copies of all the certificate
5. Registration Number :
6. Programme of Study and Branch of Study :
7. Gender :
8. Date of Birth :
9. Address for Communication :

(a) Postal Address

(b) PIN Code

(c) Phone No./Mobile No./e-mail-id
10. Whether the fee of Rs.1000/- for change of
name paid.(enclose copy of the bank challan) :

Date:

Signature of the Candidate