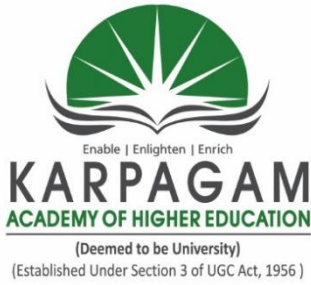


Serial No:-----



KARPAGAM ACADEMY OF HIGHER EDUCATION

(Deemed to be University)
(Established Under Section 3 of UGC Act, 1956)

Pollachi Main Road, Eachanari Post, Coimbatore - 641 021, Tamil Nadu, India.
Phone: 0422 - 2980011- 14 | Fax: 0422 - 2980022 | Email : info@kahedu.edu.in

APPLICATION FORM FOR NAME CHANGE / NAME CORRECTION / DAMAGE

1	Name of the Candidate (Prior to Gazette Notification / before name)	
2	Name of the Candidate (After the Gazette Notification/ after name)	
3	Date of Birth	
4	Sex	Male /Female
5	Course of Study	
	a. University / Institution	
	b. Degree	
	c. Branch	
	d. Year of Admission	
	e. University Exam Reg. / Roll.No.	
	f. Gazette Number	
	g. Gazette Date	
	h. Gazette Page.No.	
6	Are the Copies of the Following Certificates Enclosed	
	a. Govt., Gazette (Original and Attested Copy)	Yes /No
	b. X Standard Mark Sheet (Attested Copy)	Yes /No
	c. HSC Mark Sheet (Attested Copy)	Yes /No
	d. T.C issued in the Previous institution (Attested Copy)	Yes /No
7	Payment of Fees for each Grade statement, CSG/PC, Degree Certificate – kindly contact Controller of Examinations section	DD /Challan No.: Bank: Branch: Amount:
8	Address to which Communication may be sent	

Station: _____

Date: _____

(Deemed to be University)
(Established Under Section 3 of UGC Act, 1956)

Signature of the Candidate

Signature of Tutor

Signature of HOD

Signature of Dean

<p>FOR OFFICE USE Ref. No.: Date: Initial:</p> <p style="text-align: right;">Controller of Examinations</p>

NOTE: Name Change will be effected only in the Certificates to be issued by the University, after the approval of the name change by the Controller of Examination, KAHE.

Issued Date: _____