

SHRI RAMASAMY MEMORIAL UNIVERSITY SIKKIM

(Estd. Under SRMUS Act, 2013)

OFFICE OF THE CONTROLLER OF EXAMINATIONS

Application No:

Date:

APPLICATION FORM FOR NAME CHANGE – GAZETTE

1. Name of the Candidate
(Prior of Gazette Notification) :
2. Register No. :
3. Degree :
4. Branch :
5. Semester / Year :
6. Date of Birth :
7. Sex : Male / Female
8. Name of the Candidate
(After the Gazette Notification) :
9. Particulars of fees paid :

D.D.No.& Date	Drawn on (Bank Name & Address)	Amount

Signature of Candidate
HOD

Signature of the

Signature of the Director / Dean

Signature of COE

INSTRUCTIONS

- 1) The Request for change of name should be sent in the prescribed application form only.
- 2) Documents Required:
 - I. Official Government GAZETTE Notification showing the Name Change.
 - II. Demand Draft drawn in favor of “**SRM UNIVERSITY SIKKIM** ” payable at Gangtok .
 - III. Fees for Change of Name is **1500/-** (one Thousand and Five hundred only).

The filled in form along with necessary documents should be forwarded to “The Controller of Examinations, Shri Ramasamy Memorial University Sikkim, 5th Mile , Tadong , Gangtok , East Sikkim – 737133.

For any Clarification and Queries contact: +91- 3592-231666

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