



Dr. YSR UNIVERSITY OF HEALTH SCIENCES, VIJAYAWADA – 520008

APPLICATION FOR NAME EQUIVALENT CERTIFICATE

NAME OF THE COURSE _____

1.	Name and Surname in full as already recorded (in block letters)	:	
2.	Name of the course Passed		
3.	Hall Ticket/Register Number:		
4.	OD Number and its date of issue		
5.	Month and Year of Passing		
6.	College in which studied		
7.	Name and surname in full with the change for which recognition is sought for (in block letters)		
8.	Reasons for the proposed change in name together with documents, if any, in support there of	:	
9.	Whether a copy of the notification regarding change of name published in the Government Gazette is attached (Specify Details)(or)other evidence in support of change/correction in name	:	
10.	Details of fee paid	D.D.No.	Date:
		Amount:	Bank:
11.	Address for communication With Mail ID and Phone No.		

SIGNATURE OF THE CANDIDATE

CERTIFICATION BY THE PRINCIPAL

Certified that the entries made above have been verified and found correct. The reasons assigned for changing name are satisfactory. The application for change of name is recommended.

Station:

Office Seal

Signature of the Principal

Date:

<u>FOR THE USE BY PRO CELL OF Dr. YSR UHS, VIJAYAWADA.</u>	<u>Documents to be enclosed:</u> <u>(Xerox Copies)</u> 1. Intermediate Certificate. 2. Original Degree Certificate 3. A copy of the Gazette in which the change was already got published or other evidence in support of change/correction in name/surname. 4. Marriage Certificate issued by the competent authority in case of Married Women.
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