## Delhi Technological University APPLICATION FOR NAME CHANGE

1.	Student's Details			beassard norsoilegA	
a.	Existing Name		(sell-badisze	e di Cidinal Ise recelpi (Pa	
	(As per records)				
b.	Date of Birth				
C.	Registration No.				
d.	Roll No.				
e.	Programme/				
	Discipline			paidettabali 4	
f.	Mobile No.				
g.	Email-Id		Lum to tood one		
h.	Current Address:	that in case I o			
	D	9880 008		o Inamiseanoo to notismo	
i.	Permanent Address:				
	Address.				
2.	Father's Details	www.memmea.co.ol	eldal ed liena gi	os lo inemiser allo nellarri	
a.	Name			Little Villametri 19mmur 11.11	
b.	Profession	walling the same in a	- 11		
C.	Mobile No.			Aushitle hune edi	
d.	Email-Id		lottaking for tin	ons and oppliends a ma-1-	
e.	Residence			8000	190
	Address:				
f.	Work Place				
1.	Address:				
	, iddi 000.				
3.	Mother's Details				
a.	Name				
b.	Profession				
C.	Mobile No.				
d.	Email-Id				
4.	Sibling Details:	Sibling Details:			
		Sisters		Brothers	
a.	Name			2017	
b.	Date of Birth			emsVi	
5.	New Name To Be	Acquired:		lept.	
			•		
6.	Reason for Change:				

## 7. Document Attached

S.No.	Documents	-
a.	Affidavit on a non-judicial Stamp paper	
b.	Original copy of the Govt. of India Gazette	
C.	Original copy of two newspapers	
d.	Application forwarded by the Head of the concerned dept.	
e.	Original fee receipt (Prescribed Fee)	
f.	True copy of School Leaving Certificate	
g.	True copy of page of admission	
h.	All original documents to be surrendered submitted for verification	
i.	Self attested copy of 10 <sup>th</sup> class certificate	·

## 8. Undertaking

I do hereby affirm and declare that the information given above and in the enclosed documents is true and correct to the best of my knowledge and belief and nothing material has been concealed therein. I am well aware that in case I am guilty of giving false information or concealment of facts herein, and in case any of the attached documents/certified etc. are found fake/wrong, I will be personally responsible for the same and I will be liable to be punished with imprisonment and/or fine as per the relevant provisions of Law. I also undertake that the benefits availed by me by furnishing such false information of concealment of facts shall be liable to be summarily withdrawn.

I, further indemnify DTU and its officers from such loss, arising out of my wrong submission and I will make such loss good.

I understand that I am submitting the self-declaration in view of the policy to do away with the court affidavit.

I am submitting this undertaking for the purpose of my name change in DTU records.

	Student (pl sign all pages)	Parent
Name		Address
Sign		Motiner's Details
Date		. smsA.j.s
Place		Frofession

Forwarding Recommendations of HoD

Sign. Name Dept.