

GOVERMENT OF MAHARASHTRA DIRECTORATE OF GOVERNMENT PRINTING, STATIONERY AND PUBLICATION FORM FOR CHANGE OF NAME NOTICE

Courier Address:

(Instructions may be follwed carefully before filling up this form. Only one word should be witten in each space printed below. Please fill up this form in English version and in BLOCK LETTERS only)

Old Name							
To	Nar	ne	Fether's/Husband's Name	Sumame			
New Nam	е						
			as to the authenticity of the contents or rined persons without verification of do				
Signature of the Guardian			Signature in Old name/ Thumb Impression with Name and Date				
(In case of Minor)			(Write down the name of the person in the above space who has signed above)				
То							
THE DIRECT		ationery and	d Publications, Maharashtra, Mumbai	400 004			
			sue of the Maharashtra Government				
Reason for ch	nange of Name						
Ø.							
		Sign	nature in New Name/Thumb Impres	sion with Name and Date			
FOR CORRE	SPONDING ADDRE	SS:					
New Name:	:						
Address:	:						
Pincode:	1						
Tel. No:							
Mobile No:							