



INSTITUTE OF PUBLIC HEALTH & HYGIENE

RZ-A-44 , Mahipalpur , New Delhi-110 037

ISO 9001 : 2000 Certified

FORM FOR CHANGE OF NAME

- (a) Complete and submit this form to Enrolment Services, IPH&H.
(b) Please ensure that this application for **Change of Name** is supported by the appropriate documentation. Without documentation, this application will not be processed.
(c) If approved, your name change will be reflected on your permanent academic record. Also, your student number will remain the same as that issued under your old name.

Date _____ STUDENT ID NO. ___|___|___|___|___|___|___|___|___|___|

About Your New Name

Please **print** authorized new name below:

- MR
 MRS.
 MS

Last Name

First Name

Middle Name

YOUR CURRENT NAME ON FILE

Please **print** your name as currently registered at IPH&H-COMMUNITY COLLEGE:

- MR
 MRS.
 MS

Last Name

First Name

Middle Name

THE REASON FOR YOUR CHANGE OF NAME APPLICATION

- My name has been changed for the following reason (check appropriate area):
 Marriage (submit Marriage Certificate)
 Error by Enrolment Services (submit a combination of driver's License and other supporting documents)
 Divorce
 Legal change of name as per the rules of Govt. of India

The original version or a certified copy of any documents supporting your application for a Change of Name MUST accompany this form.

Signature