



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

N.B-

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

It is hereby notified that the undersigned has changed his/her name from

Old Name			
To	Name	Father's/Husband's Name	Surname
New Name			

Note :- Government accepts no responsibility as to the authenticity of the contents of the notice. Since they are based entirely on the application of the concerned persons without verification of documents.

Signature of the Guardian

(In case of Minor)

Signature in Old name/ Thumb Impression with Name and Date

(Write down the name of the person in the above space who has signed above)

To

THE DIRECTOR,

Government Printing, Stationery and Publications, Maharashtra, Mumbai 400 004.

Kindly publish the above Notice in the next issue of the Maharashtra Government Gazette, Part II.

Reason for change of Name

Signature in New Name/Thumb Impression with Name and Date,

FOR CORRESPONDING ADDRESS:

New Name: :
Address: :
Pincode: :
Tel. No: :
Mobile No: :

Courier Address :