

CENTRE FOR STUDENT AFFAIRS ANNA UNIVERSITY, CHENNAI APPLICATION FOR NAME CHANGE UPDATION

	Da	ite:	Signature of the Principal (with office Seal)
		Forwarded by	Signature of the Candidate
and belief.			
<u>DECLARATION</u> I hereby declare that all the details furnished above are true and correct to the best of my knowledge			
1	10	Details of Fee / Mode of Payment (Rs. 1,900/- Rupees One Thousand and Nine Hundred only)	Payment to be processed through Anna University web portal www.auegov.ac.in/CollegeHub/
	9	Contact Phone No.	Develope to be an expected through Anno
	8	Email Id. of the Candidate	
	7	Date of release of Gazette	
	6	Tamil Nadu Government Gazette Page No. (that includes the name change)	
	5	New Name of the Student (in CAPITAL LETTERS)	
	4	Name of the Institution	
	3	Course / Branch / Semester	
	2	Register Number	
	1	Name and Address of the Candidate (Old name in CAPITAL LETTERS)	