Sr. No. ....................

**Name & D.O.B. Correction Form**

SOLANKI BROTHERS COUNCIL

FOR OPEN AND DISTANCE LEARNING

;

**NOTE: IF THE FORM HAS BEEN DOWNLOADED FROM THE WEBSITE OR PHOTOCOPIED AFTER BEING DOWNLOADED FROM THE WEBSITE.**

# Form No. Date

**Application for Change in Name DOB**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |

Old Name in Capital Letters .........................................................................................................................................................

New Name in Capital Letters ........................................................................................................................................................

Father’s Name ...............................................................................................................................................................................

Mother’s Name ..............................................................................................................................................................................

Registration No. (if any) ...............................................................................................................................................................

Date of Birth NEW / OLD ............................................................................................................................................................

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Name of Examination** | **Month & Year of Exam** | **Roll No.** | **Result** |
| 1. |  |  |  |  |
| 2. |  |  |  |  |
| 3. |  |  |  |  |
| 4. |  |  |  |  |
| 5. |  |  |  |  |

The cutting from the newspaper in which I have notified the change in my name is pasted below:

Space For Pasting the Cutting of The Newspaper

Name of Newspaper .....................................................................

&

Place of Publication .....................................................................

Date of Publication ......................................................................

I solemnly declare that:

(I)All the particulars given by me are correct.

(ii) I have passed 10th () ,12th () of SBCODL. Address: -

.................................................................................................

.................................................................................................

.................................................................................................

.................................................................................................

Dated ............................................ Signature of Applicant with old Name

(I) For applicants those who are in service

Stamp / Seal

Stamp / Seal

This office has no objection to the change in name of the applicant. The applicant is employed in this office since ..........................................................

ATTESTED

Signature of the Head ..................................................

Department ..................................................................

Designation .................................................................

(ii) For applicants those who are/were on the rolls of affiliated / recognized institution.

This office has no objection to the change in name of the applicant. The applicant is/was a student of

............................................ class of

this school/college in the year ........................................

ATTESTED

Signature of the Head ...................................................

Designation ..................................................................

Dated ............................................................................. Signature of Applicant ..................................................

Dated ............................................................................. Signature of Applicant ..................................................

FOR OFFICE USE

Particulars verified vide Gazette / According to Register of students. The name of the applicant in the Board record will now be as ............................................................................................................................................................

alias / nee ............................................................................................................................................................

Signature of Director

# Important Note

1. No Person is entitled to apply on Someone’s behalf or receive his or another person’s Certificate.
2. Name / DOB Correction Fees is Rs. 500 +200 (Rs. 200 postal charges)
3. The full postal expenses for dispatch of Certificate certificates shall be borne by the applicant only.
4. These will be directly mailed to the concerned Address by the office within 21 working days from the date of receiving the completed application with full fee as per Board rules.
5. Bank Drafts for the full fee must be in favor of the Solanki brothers Council for Open and Distance Learning.
6. Applicant has to send Completely filled in Application Form in a thick Outer envelope of size 10-inch X 8.5 inch (25 cms X 21.5 cms.) to the following address through Speed Post or Registered Post of India post only (Dispatch by any other mode or through Courier will not be accepted)
7. Original Affidavit of New Name Should be Attached. The Chairman

SOLANKI BROTHERS COUNCIL FOR OPEN AND DISTANCE LEARNING

INDIA