



Application for Name Correction on Original Degree Certificate	
Existing Name on Degree	
Correct Name Requested	
Registration No.	
Programme	
Branch/Specialization	
Month & Year of Passing	
Name Correction Reason	

Mode of delivery	<input type="checkbox"/> In Person	<input type="checkbox"/> By Courier/Speed Post							
Address to which certificate is to be sent (IN BLOCK LETTERS)									
	Pin code								
Contact No:				E-mail ID:					
Self-attested id proof must be attached	Doc. Type	Pan Card	Driving License	Aadhar Card	Voter Id	Passport Id	Other Valid ID		
	Submitted								
Name Correction Supporting document must be attached	Doc. Type	10 th Certificate	12 th Certificate	Gradation Certificate	Affidavit		Other Valid Document		
	Submitted								

Signature of the Candidate

Signature of the Head of the Department

For CoE official Use only

Application received on:

Mode of Dispatch:

Dispatched on:

Signature of the Official

Receiver's Details

Name: _____ Contact No.: _____

Signature & Date