

SRI



SRIMATHI SUNDARAVALLI MEMORIAL SCHOOL
 MAPPEDU ROAD, ALAPAKKAM, NEW PERUNGALATHUR, CHENNAI – 600 063

Application – Request for Name Change

	Date : <input style="width: 50px; height: 20px;" type="text"/> <input style="width: 50px; height: 20px;" type="text"/> <input style="width: 50px; height: 20px;" type="text"/>
Applicability	: Classes – JM1 - XII

To School Authorities	Student Name <input style="width: 100%; height: 30px;" type="text"/> Admn. No. <input style="width: 150px; height: 30px;" type="text"/> Class & Sec <input style="width: 150px; height: 30px;" type="text"/>
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Request for Change of Name	: Student <input type="checkbox"/>	Step Father <input type="checkbox"/>																																																												
	Father <input type="checkbox"/>	Step Mother <input type="checkbox"/>																																																												
	Mother <input type="checkbox"/>	Guardian <input type="checkbox"/>																																																												
Change Requested as	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>																																																													
Photocopy proof to be attached	: Newspaper Publication <input type="checkbox"/>	Govt.ID: _____																																																												
	Govt. Gazette Notification <input type="checkbox"/>																																																													
Kindly effect the above change in the school record, debit the charge to our account and oblige. Photocopy of the supporting document along with original is enclosed. Kindly return the original after verification.																																																														

Father	Mother	Guardian

(For Office Use Only)		
Req. No. <input style="width: 150px; height: 30px;" type="text"/>	File. No. <input style="width: 150px; height: 30px;" type="text"/>	Date: <input style="width: 150px; height: 30px;" type="text"/>
Signature _____		