



గ్రామ - వార్డు సచివాలయము

ఆంధ్రప్రదేశ్ ప్రభుత్వం

CHANGE OF NAME APPLICATION FORM

Type of Application: Major Minor

Applicant Details:-

Applicant Present Sur Name*: _____ Applicant Proposed Sur Name*: _____

Applicant Present Name*: _____ Applicant Proposed Name*: _____

Gender*: Male Female Marital Status*: Single Married Widow Widower Divorced

Father Name*: _____ Mother Name*: _____ Husband/Wife Name: _____

Police Station Name having jurisdiction*: _____ Age*: _____ Place of Birth*: _____

District*: _____ Mandal*: _____

Village/Ward*: _____ Locality/Landmark*: _____

Door No*: _____ Pin code: _____

Occupation Details: - (For Major Only)

Profession*: Government Employee Non Government Employee Others

Government Employee Details:-

Name of the Employee*: _____ Name of the Department*: _____

Designation*: _____ Date of Appointment*: _____

Non Government Employee Details:-

Name of the Employee*: _____ Name of the Company*: _____

Designation*: _____ Date of Appointment*: _____

Company Address*: _____

Others:-

Mention your Employment*: _____

Occupation Details: - (For Minor Only)

Mention your Work/Education*: _____

Informant Details:-

Informant Name*: _____ Relationship with Applicant*: _____

Mobile No. *: _____ Email ID: _____

Delivery Type*: At Kiosk Post Local Post Non-Local

Postal Details:-

State*: _____ District*: _____ Mandal*: _____

Village/Ward*: _____ Door No: _____

Pin code: _____

Documents List: - (Documents PDF format only)

Application Form*

Recent Passport size Photograph *(JPG/JPEG/PNG/GIF format only)

Citizenship Certificate issued by Gazetted Officer*

Affidavit stating exact reason for change of his/her name*

Certificates from Class 1 to 10th attested by Gazetted Officer

Police Certificate stating that he/she has not come to any adverse records during last 5 years*

Others (Aadhar/Ration Card/VoterID etc for Illiterates)

Applicant's Signature

(* - Indicates Mandatory)