Ap	plication Form for Change in Nai	ne as per Gov	ernme	nt G	azett	e
Го,	_	-				
The Di	irector,					
Board	of Examinations & Evaluation,					
Punyas	shlok Ahilyadevi Holkar					
Solapu	ır University, Solapur,					
Mahar	ashtra, India 413255					
Sir,						
	I am herewith applying as per the change in	the name as per G	overnme	ent ga	zette	
The m	ark list of examination of the Faculty of _		•	I hav	e paid	the
	bed fee online payment/DD Number/ Online					
the dat	e for the change in name. The receip	ot is attached herev	vith for y	our ir	nforma	ition
and ne	cessary action, please.					
1.	Name	(Old Name).				
2.	Name	(Revised	Name	as	per	the
	Government Gazette).					
3.	Address					
4.	Particulars of Examinations					
	a) Name of the Examination	b) Month & Year	r			
	c) Mobile No.	d) Email Address	S			
	e) PRN Number.					
Date						
			Y	ours f	aithfu	lly,
			•		Signa e nam	
Encl	Photo copy of 1. Government gazette photo copy. 2. Mark List. 3. Aadhar Card.					
Forwar necess	rded through the Principal/Director of ary	the College/Scho	ool/Instit	ution	wher	ever

Sign of Principal/Director of the College/School/Institution with seal