

Application for Change of Name

Registration No. :-

From :-

Date :

To,
The Registrar
Gujarat State Pharmacy Council
Old Nursing College Building, Block No. - 4/A,
3rd Floor, Opp. Cancer Hospital, Gate No. - 6,
Asarwa, Ahmedabad - 380016.

Sub.:- Application for Change of Name

Sir,

I am a registered pharmacist of Gujarat State Pharmacy Council bearing Registration Certificate No. _____ dated _____. I am now applying for change of my name _____ to _____
(Old name)
_____. The required documents are
(New name)

Submitted as mentioned below:-

- 1). Hand written application (addressed to Gujarat State Pharmacy Council)
- 2). Form for Change of Name dully filled in
- 3). Original Registration Certificate & a xerox copy
- 4). A Gazette Copy mentioning the Change of name of the Pharmacist.
- 5). Marriage Certificate Yes/No
- 6). Rs. 50/- Remitted by Cash or crossed Demand Draft in favour of 'Gujarat State Pharmacy Council' drawn on 'State Bank of India' or any Nationalised Bank payable at 'Ahmedabad'.
- 7). Self Addressed cover with required postal stamps for registered Post A.D.

I request you to change my name accordingly in Council record and my registration certificate.

Thanking you,

Yours faithfully,

(Pharmacist Signature)