



SRI SATHYA SAI INSTITUTE OF HIGHER LEARNING
(Deemed to be University)

**APPLICATION FOR REGISTRATION OF
STUDENT NAME CHANGE IN UNIVERSITY RECORDS**

(Application **must be** forwarded by the Director of Campus)

Existing Name:	
Father's Name:	
Registration Number:	
Landline Number:	
Mobile Number:	
Active Email ID:	
Correspondence Address:	
Permanent Address:	
Changed Name as per the Gazette notification: (Photocopy of the Gazette Notification must be enclosed)	
Enclosed IPO of ₹20 for Registration fee: (IPO – crossed A/c Payee only)	IPO No: Date:
IPO is to be drawn in favour of: Controller of Examinations, Sri Sathya Sai Institute of Higher Learning, Prasanthi Nilayam	

Location & Date

Candidate Signature

Forwarded to the Controller of Examinations

Date

Director of Campus Signature

For official use only: The changed name has been noted in the relevant records of the Examinations Office, SSSIHL.