

## GOVERMENT OF MAHARASHTRA DIRECTORATE OF GOVERNMENT PRINTING, STATIONERY AND PUBLICATION FORM FOR CHANGE OF NAME NOTICE

N.B-

		efully before filling up this form. Only his form in English version and in BLOC	
		ed has changed his/her name from	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Old Name	<b>-</b>		
To	Name	Father's/Husband's Name	Surname
New Name			
	olication of the co	ity as to the authenticity of the content ncerned persons without verification of	documents.
	Sig	gnature in Old name/ Thumb Impression	on with Name and Date
( In case of Minor )		(Write down the name of the person in the above space who has signed above)	
To THE DIRECTOR,			
	-	and Publications, Maharashtra, Mumb	
Kindly publish the above	Notice in the nex	kt issue of the Maharashtra Governme	nt Gazette,Part II.
	:	Signature in New Name/Thumb Imp	ression with Name and Date,
FOR CORRESPONDIN  New Name: : Address: : Pincode: : Tel. No: : Mobile No: :	G ADDRESS:		
		Courier Address in Capital Letters Only	
Name ·			
Address :			
_			

Mobile No: