



DIRECTORATE OF EVALUATION
GANDHI INSTITUTE OF TECHNOLOGY AND MANAGEMENT(GITAM)

(Declared as deemed-to-be-University)
VISAKHAPATNAM-530 045, (A.P)

APPLICATION FORM FOR NAME CORRECTION

1.	Name of the Candidate				
2.	Registration Number				
3.	Particulars of the qualifying Examination	Program	Branch	Period of study	Month & year of passing
4.	Campus				
5.	Address for correspondence (in capital letters only)	H. No/Flat No:	Street:		
		Colony/Area:			
		Village/Town			
		District:	State:		
		Pin Code:			
6.	Contact Details	Mobile:			
		Land Line:			
		Email ID:			
7.	The name printed on the Present Certificate				
8.	The name is to be corrected as				
9.	Corrections to be made (Enclose the relevant photocopy)	As per SSC / Gazette Notification			
10.	Certificate(s) required with corrections (Original Certificate(s) are to be returned)				
11.	In-Person/By Post				
12.	Fee Particulars (Enclose Original Challan/DD)	Rs.:			
		Transaction ID/DD No:			
		Date of Payment:			
		Name of the Bank:	Branch:		

Place:
Date:

Signature of the Candidate

Signature of the Head of the Department

Signature of the Principal/Director/Dean