

	<b>PAAVAI ENGINEERING COLLEGE</b> <b>(AUTONOMOUS)</b> (Accredited by NAAC with 'A' Grade & NBA Accredited) <b>NH-7,</b> <b>Paavai Nagar, Pachal Post, Namakkal – 637 018.</b>  <b>OFFICE OF THE CONTROLLER OF EXAMINATIONS</b>	Phone	(O)04286-243038 (M) 9842881388
		Fax	04286-243068
		Web	www.pec.paavai.edu.in
		Email	coe@paavai.edu.in

**APPLICATION FOR NAME CHANGE / DATE OF BIRTH CORRECTION**

<b>Name of the Candidate (BLOCK LETTERS)</b>	:	
<b>Register No.</b>	:	
<b>Year &amp; Department</b>	:	

**1. Change of Name**

<b>Name of the Candidate as per records</b>	:	
<b>Proof of Evidence</b>	:	
<b>Details of records (Grade Sheets) to be changed</b>	:	<b>1.</b>
		<b>2.</b>
		<b>3.</b>
<b>Whether original records enclosed</b>	:	

**2. Change of Date of Birth**

<b>Date of Birth as per Records</b>	:	
<b>Proof of Evidence</b>	:	
<b>Details of records (Grade Sheets) to be changed</b>	:	<b>1.</b>
		<b>2.</b>
		<b>3.</b>
<b>Whether original records enclosed</b>	:	

**3. Payment Details**

<b>Amount Paid</b> <i>(Rs. 750/ Grade Sheet)</i> <i>(Rs. 1500/ Consolidated Grade Sheet)</i>	:	(Rs. _____ )
<b>PEC Bill / Voucher No. &amp; Date</b>	:	

**Signature of the Candidate**

**Signature of the HOD**

**Signature of the Principal**

**Date:**

**For office Use:**

**Approved by:**

**Issued Details:**