APPLICATION FORM FOR CHANGE OF NAME

[*TO BE FILLED AND SIGNED BY THE ARCHITECT CONCERNED*]

Date:_____

The Registrar
Council of Architecture (CoA)
A Statutory Authority,
Ministry of Education, Govt. of India
India Habitat Centre, Core 6A,
1st Floor, Lodhi Road
New Delhi-110 003
Tel: 011-49412100 [30 Lines]
Fax: 011-24647746
E-Mail: renewal-coa@gov.in,
Web: www.coa.gov.in

Dear Sir,

I am a registered Architect with Council of Architecture (CoA) with Registration Number CA/_____/_____. I wish to change my name, due to Marriage, [**OR** - ***state reason for change of name***] _____ as under :-

1. Name before Marriage (**OR**) Old Name: Mr./Ms._____
2. Name after Marriage (**OR**) New Name: Mr./Mrs._____
3. Previous Signature : _____
4. Present Signature : _____

In support of change in my name, I submit the following document(s):-

a) An attested copy of Marriage Certificate (in English); Or

b) Original Affidavit, in the CoA prescribed format, for change of name due to Marriage; Or

c) An attested copy Gazette Notification (in English).

I also enclose my Original Certificate of Registration along with an amount of Rs._____in Cash (or) by Demand Draft No._____dated_____, towards payment of Restoration/Renewal/One Time Payment of Renewal Fee/Duplicate Certificate of Registration Fee.

OR

Through Mr./Mrs./Ms._____, whose signature is_____, I am sending the above stated attested document(s) and my Original Certificate of Registration, along with payment towards Restoration/Renewal/One Time Payment of Renewal Fee/Duplicate Certificate of Registration Fee, amounting to Rs._____in Cash (or) by Demand Draft No._____dated_____, on my behalf. Kindly accept the payment and handover the renewed Original Certificate to him/her.

(Signature of the Architect Concerned)

Correspondence Address:_____

_____

City:_____State:_____PIN:_____

Telephone: Res.: STD Code:_____Tel.No.: _____

Off.: STD Code:_____Tel.No.:_____

Fax : STD Code:_____Tel.No.: _____

Mobile:_____E-Mail ID : _____

ACKNOWLEDGEMENT

Received the renewed Original Certificate of Registration bearing No. CA/_____/_____on _____

_____ (Receiver's Signature) _____ (Receiver's Name) _____ (Receiver's Mobile No.)

FOR OFFICE USE ONLY

Receipt No._____ Date :_____ for Rs._____