

## Application for Correction of Name

Date: / /

To  
The Registrar,  
A.P.Pharmacy Council,  
Chuttugunta, Guntur.

**Respected Sir,**

**Sub:** - Application for **Correction of name** -- submitted – Regarding.

**Ref:** - My application dated/ My Registration No. / dated.....

In reference to above it is submitted that name submitted in my application is corrected by Education authorities and therefore request you to correct the names as follows.

From

To

I am submitting relevant documents in this regard.

Thanking you sir.

Yours faithfully,

(Signature of applicant)

**Encl:**

1. Original RP certificate + photocopy
2. Pass Book
3. Original Certificate with corrected name + photocopy
4. Affidavit-A