

## Application for Change of Name in Register

Date: / /

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

**Respected Sir,**

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

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

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I submit that my name is changed to as follows due to.....

.....  
Existing

To be changed to

I am enclosing the relevant documents for effecting above changes.

Thanking you sir.

Yours faithfully,

(Signature of applicant)

**Encl:**

1. Original RP certificate + photocopy
2. Pass Book
3. Original Gazette Notification + photocopy
4. Daily News Paper advertisement showing the name change
5. Affidavit-A
6. Fee (Rs. 50/- by cash)