

Change Of Name

Home Doctor's Profile Welcome dsa@gmail.com Logout

Application Form For Change of Name

Registration Details

Registration No* : Registration Date : VIEW

Personal Details

	Sur Name	first Name	Middle Name
Name *	<input type="text" value="Mrs."/> PATIL	<input type="text" value="SNEHA"/>	<input type="text" value="RAMGOPAL"/>
Father's Name *	<input type="text" value="Mr."/> KALANI	<input type="text" value="RAMGOPAL"/>	<input type="text" value="BALAPRASADJI"/>
Mother's Name *	<input type="text" value="Mrs."/> KALANI	<input type="text" value="SHOBHA"/>	<input type="text" value="RAMGOPAL"/>
Maiden Name *	<input type="text" value="Ms."/> KALANI	<input type="text" value="SARIKA"/>	<input type="text" value="RAMGOPAL"/>
Marital Status *	<input type="text" value="Married"/>	Gender : <input type="text" value="Female"/>	
Date of Birth *	<input type="text" value="01/03/1990"/>		

New Details

	Sur Name	first Name	Middle Name
Change Name *	<input type="text" value="Mrs."/> JADHAV	<input type="text" value="SNEHA"/>	<input type="text" value="RAJESH"/>
Husband's Name *	<input type="text" value="Mr."/> JADHAV	<input type="text" value="RAJESH"/>	<input type="text" value="RAJARAM"/>
Marital Status *	<input type="text" value="Married"/>	Reason For Change of Name *	<input type="text" value="MARRIAGE"/>

Documents

Sr No.	Doc Name	File Type	File Size	Upload	
1	Latest passport size Photograph	.jpg	YES 50 kb	<input type="button" value="Choose file"/> No file chosen	<input type="button" value="Upload"/> Document Uploaded Successfully
2	Latest Signature	.jpg	YES 50 kb	<input type="button" value="Choose file"/> No file chosen	<input type="button" value="Upload"/> Document Uploaded Successfully
3	Original registration certificate issued by council	.pdf	YES 50 kb	<input type="button" value="Choose file"/> No file chosen	<input type="button" value="Upload"/> Document Uploaded Successfully
4	Marriage Certificate (For Female *)	.pdf	NO 50 kb	<input type="button" value="Choose file"/> No file chosen	<input type="button" value="Upload"/> Document Uploaded Successfully
5	Govt. gazette or Notarised Affidavit on Non judicial Stamp Paper of Rs 200 /-	.pdf	YES 50 kb	<input type="button" value="Choose file"/> No file chosen	<input type="button" value="Upload"/> Document Uploaded Successfully
6	Verification certificate from Dean of Parent College certifying that he is same person (For Male *)	.pdf	NO 50 kb	<input type="button" value="Choose file"/> No file chosen	<input type="button" value="Upload"/> Document Uploaded Successfully

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Change Image

Enter Above Displayed Characters

Submit
Cancel

Enter The Reg No Click on View Button Bellow Form Will be Open

You can change this information

Upload The Document

After submission of the Form The Next Message Will Be Displayed



Your application for Change of name is submitted successfully. Note your application number for further reference application no is : MMC201500143



After Submitting the application You can get the message as above as well as you will get the e-mail from MMC that your application is submitted successfully.

Then after you have to take appointment (within 7 working days) for hard copy document submission with submitted application form (you can take submitted application form print from **Doctors profile** Menu in your login.) in MMC.

Once the application is submitted, it is verified by MMC. If Application verification is done successfully then you will again get the e-mail for how much amount will be pay for you .Then after you can pay online. Once the payment is done then MMC verified your payment status and then will generate your change of name letter, then you can print it from your login .