

APPLICATION FORM FOR CHANGE OF NAME
[TO BE FILLED AND SIGNED BY THE ARCHITECT CONCERNED]

Date: _____

The Registrar
Council of Architecture (CoA)
India Habitat Centre
Core 6A, 1st Floor, Lodhi Road
New Delhi-110 003
Tel: 011-2464 8415, 2465 4172 & 73
Fax: 011-2464 7746
E-Mail: coa@ndf.vsnl.net.in, coa.rwl@gmail.com, 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

I authorize Mr./Mrs./Ms. _____, whose signature is duly attested below by me, as my representative to submit my CoA's Registration Certificate, in Original, for payment towards Restoration/Renewal/One Time Payment of Renewal Fee/Duplicate Certificate of Registration (DCR) Fee, amounting to Rs. _____ in Cash (or) by Demand Draft No. _____ dated _____ and also to collect the same, after necessary endorsement, on my behalf.

(Signature of the Representative)

(Signature of the Architect Concerned)

Note: In case of change in complete name (including first name) consequent upon marriage or change of name of male architects, only a duly attested copy of Gazette Notification towards change of name from the respective State/Central Government shall be accepted.

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. _____