

**S.P. Mandali's Ramnarain Ruia Autonomous College
Matunga, Mumbai-400019**

Name Correction Request Form

1. Applicant Information:

- Full Name (as per records): _____
- Student ID: _____ Date of Birth: _____
- Contact Number: _____ Email Address: _____

2. Correct Name:

- Correct Full Name (as it should appear): _____

3. Reason for Correction:

- (e.g., typographical error, legal name change): _____

4. Supporting Documents:

- Attach copies of relevant documents (e.g., ID proof, legal name change documents).
- _____

Declaration: "I hereby declare that the information provided is true to the best of my knowledge."

Signature of Student:

Date:

Fees Dues Cleared	Fees Paid
Signature of Cashier / Accountant	Transaction Id:
Date:	Date: