



Sant Dnyaneshwar Shikshan Sanstha's

ANNASAHEB DANGE COLLEGE OF ENGINEERING AND TECHNOLOGY, ASHTA

(An Autonomous Institute affiliated to Shivaji University, Kolhapur)

Office of Controller of Examinations



Date: -

To,
The Controller of Examinations,
ADCET, ASHTA.

Sir / Madam,

I, the undersigned request you to kindly issue me the **Change Name** _____

A) Academic Details :

URN No.	:											
Candidate Name	:											
Branch Name	:											
Year (Tick ✓ at Appropriate Column)	:	First Year B. Tech.		Second Year B. Tech.		Third Year B. Tech.		Final Year B. Tech.				
Semester (Tick ✓ at Appropriate Column)	:	I	II	III	IV	V	VI	VII	VIII			
Contact No.	:											
Email ID	:											
Detail of Month / Year of Examination	:											

***Note: - Attach copy of required document for Name Change issue (e.g. Name Change Gazette, ID Proof etc...)**

Signature of Candidate

B) Controller of Examinations :

Remark & Signature :

C) Account Section :

Received Rs. _____ (Rs. _____ Only) from the above student vide
receipt No. _____ Dated _____

Signature of Cashier

D) Office of Controller of Examinations :

Grade Card No.	:	
Signature of Candidate Received Grade Card	:	
Remark	:	