



SRI SATHYA SAI INSTITUTE OF HIGHER LEARNING
(Deemed to be University)

**APPLICATION FOR REGISTRATION OF
STUDENT NAME CHANGE IN INSTITUTE RECORDS**

The application must be sent and forwarded through the **Director of Campus**

1	Existing Name	
2	Father's Name	
3	Registered Number	
4	Active Landline / Mobile Number	
5	Active Email ID	
6	Period of Study	
7	Correspondence Address	
8	Permanent Address	
9	Changed Name as per the Gazette notification <i>A clear photocopy of the Gazette Notification must be enclosed</i>	
10	SBI Collect <i>Please email the SBI Collect acknowledgement for payment of ₹500</i>	
	SBI Collect Reference No:	
	Date:	

Place:

Date:

Student Signature

Date

Director of Campus Signature

INSTRUCTIONS TO APPLICANTS

Incomplete applications will be rejected. **No correspondence will be made on this matter.**

I The filled in, completed application form and supporting documents must be submitted by hand or sent by post to **the Director of the SSSIHL Campus where she/he studied.**

For contact information, visit the [Contact Us](#) page of the SSSIHL website.

Please click here to make the payment of ₹500 using SBI Collect

II Please email the SBI Collect acknowledgement for payment of ₹500 for EACH Application for Change of Name to the Controller of Examinations on controller@sssihl.edu.in

For Institute office use only

The changed name has been noted in the relevant records of the Examinations Office, SSSIHL

Controller of Examinations

OFFICE OF THE CONTROLLER OF EXAMINATIONS, SSSIHL

Address:
The Controller of Examinations
Administrative Office
Sri Sathya Sai Institute of Higher Learning
Prasanthi Nilayam – 515134
Sri Sathya Sai District
Andhra Pradesh

Tel: +91 8555 287 191

Email: controller@sssihl.edu.in

Web: sssihl.edu.in