

**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, 1<sup>st</sup> Floor, Lodhi Road  
New Delhi-110 003  
Tel: 011-2464 8415, 2465 4172 & 73  
Fax: 011-2464 7746  
E-Mail: renewal-coa@gov.in, info-coa@gov.in  
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**

Through Mr./Mrs./Ms. \_\_\_\_\_, whose signature is \_\_\_\_\_, I am sending the above stated attested document(s) and my Original Certificate of Registration, along with payment towards Restoration/Renewal/One Time Payment of Renewal Fee/Duplicate Certificate of Registration Fee, amounting to Rs. \_\_\_\_\_ in Cash (or) by Demand Draft No. \_\_\_\_\_ dated \_\_\_\_\_, on my behalf. Kindly accept the payment and handover the renewed Original Certificate to him/her.

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(Signature of the Architect Concerned)

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. \_\_\_\_\_