

**Government of West Bengal,
Department of Health & Family Welfare**

PROFORMA FOR APPLICATION FOR CHANGE OF SURNAME

Sl No	Items	Particulars
1	Name (In Block Letters)	
2	Designation	
3	Employee ID	
4	Office to which attached (Full office Address & PIN Code) & Contact Number	
5	Date of Joining in the service (PSC/Adhoc) (DD-MM-YYYY)	
6	If Adhoc, then date of Regularisation (DD-MM-YYYY)	
7	Date of Confirmation of service (DD-MM-YYYY)	
8	Whether Upgraded Registration Certificate of WBMC submitted	
9	Whether Marriage Registration Certificate has been submitted	
10	Whether Affidavit from 1st Class Judicial Magistrate in support of change of Surname has been submitted	
11	Whether Identity Proof (Aadhar Card/ PAN Card/ EPIC Card) in support of proposed change of Surname has been submitted	
12	Purpose of such proposed change (In brief)	

Full Signature of Applicant with date

13	Certified that above information have been verified from Service Book and office record of the incumbent concerned and found correct
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Signature of the Head of the Office (HOO) with seal