

Date :

To,
Director,
Board of Examinations & Evaluation
Savitribai Phule Pune University,
Ganeshkhind, Pune - 07

SUB : CHANGE IN NAME/COURSE/MOTHERS NAME

Respected Sir / Madam,

1. This is to certified that Mr/Ms_____ is a studying / passed out from A.Y(_____) from Army Institute of Technology, Pune from(Mechanical / Computer / E&TC / IT).
2. After verifying his/her record we request you, make the necessary correction in your Eligibility system.

Previous old Name/Course/Mothers Name_____

New correct / Name/Course/Mothers Name_____

3. Kindly accept and do the needful.

Date :-

Registrar/COE/Principal