## Specimen Proforma regarding Change of Sex

(To be submitted duly typed or computerized prints-out (Two Copies) and One CD)

## **PUBLIC NOTICE**

It is for general informa	ation that I was previously k	known as	
		resident of	
		sful sex reassignment surgery on	
dated under the su	apervision of Dr	of	
I, henceforth be known	as	Son of / Daughter of Sh. /	
Smt.			
Witness No. 1:-	e compiled with other legal	requirements in the connection Signature of Applicant (Name of Applicant)	
Full name	Signature		
Address			
Mobile / Phone No.			
Witness No. 2:-			
Full name	Signature		
Address			
Mobile / Phone No.	•		