

Form – 4

Form of certificate of identity for change of gender to be issued by District Magistrate under Rule 6 of the Transgender Persons (Protection of Rights) Rules, 2020 read with section 7 of the Transgender Persons (Protection of Rights) Act, 2019

**Photograph of
the certificate
holder
District
Magistrate to
attest the
photograph**

1. On the basis of the application submitted to the undersigned along with a medical certificate from the Medical Superintendent or Chief Medical Officer (name of the Hospital and complete address), it is to certified that Shri / Smt / Km/ Mx (name) _____ son / daughter / ward of Shri/ Smt (name of the parent or Guardian) of (complete residential address of the applicant) has undergone surgery to change gender.
2. His/ Her birth name is _____.
3. This certificate is issued in terms of the provisions contained under Rule 6 of the Transgender Persons (Protection of Rights) Rules, 2020_read with section 7 of the Transgender Persons (Protection of Rights) Act, 2019.
4. It is also certified that Shri / Smt / Km/ Mx is ordinarily a resident at the address given above.
5. This certificate entitles the holder to change name and gender in all official documents of the holder.
6. Such change in name and gender and the issue of this certificate shall not adversely affect the rights and entitlements of the holder of this certificate.

Date

Signature of the District
Magistrate:
Seal

Place