



4. Detail of the authorised person of Institute / School / College / Academy, who will work with the board with the board on the behalf of the Institute / School / College:-

Name : .....

Father's Name .....

Mother's Name .....

Date of Birth .....

Full Address : .....

.....

.....

.....

Mobile : .....

E-mail : .....

(Copy attached any identity as a proof of address)

