FORMAT OF AUTHORIZATION LETTER

We hereby authorise Shri / Smt	holding post in the Company
and working in our company since Date:	, to fill-up MPCB's online
application form that is including any official/formal commu	nication and correspondence with
MPCB . His personal details are as below;	
Date of Birth, Gender: Male/Female, Mobile No	and Email Id:
We hereby confirm that above information is correct and v Record and hereby agree that false information submission w	1 1 1 1
	Authorised Signatory
	Signature
	Full Name
	Company Seal

<u>Please Note: Any changes in authorized person must be communicated to MPCB (i:e Concerned Regional/Sub-regional office)</u>