

**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 communication 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 valid as per Company's Employee Record and hereby agree that false information submission will attract legal action.

Authorised Signatory

Signature

Full Name

Company Seal

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