

Authority Letter

I, _____ (Name of

Student), BUPIN No. _____ Programm _____

presently residing at _____

(full address) hereby authorize Mr./Ms. _____

Age __residing at _____

(full address), Telephone No. (M) _____ e-mail id _____

to act on my behalf in the matter related to Pay the fees/Received duplicate documents/to collect original documents (Grade Cards/Transcript/Degree Certificate) or Verified sealed envelope(s) from Examination Branch Office of Baddi University and it will be considered by the University as acknowledged by me.

I attach my Identity proof in support of verification of my signature and authorized person will also submit his/her Photo-ID proof.

Signature of Student with Date

Signature of Authorized Person with Date

(For Office Use)

Acknowledgement

I have received following documents from Baddi University of Emerging Sciences and Technology for _____ on his/her behalf and I acknowledge for the same.

1. _____
2. _____
3. _____
4. _____

Signature of Authorized Person with Date