



FORM - COE/C-02

OFFICE OF THE CONTROLLER OF EXAMINATIONS

Email Id. infocoe@jisuniversity.ac.in

Contact No. +91-8336047403

AUTHORIZATION LETTER FOR COLLECTING CERTIFICATE(S)

I hereby authorize _____ (name of the authorized person) to act as my representative and collect my _____ (semester / year) _____ (grade card / transcript / pass certificate etc.) on my behalf as I am unable to come in person to collect the certificates within the date prescribed.

Name of the authorized person: _____

Relation with the applicant: _____

Phone Number of the authorized person: _____

Adhaar Card Number of the authorized person (attach photocopy): _____

Sincerely yours,

Signature of the Applicant

Name of the applicant: _____

Programme: _____ Branch: _____

JIS University Registration No. (attach photocopy): _____

Phone Number of the applicant: _____

Email Id of the applicant: _____

Adhaar Card Number of the applicant (attach photocopy): _____

Certificate received from the Office of the CoE.

Date: _____

Signature of the authorized person

Signature and Seal, Office of the CoE