



**ST PAULS INSTITUTE OF COMMUNICATION EDUCATION**  
**24<sup>th</sup> Road, Bandra (W), Mumbai 400 050**  
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## **AUTHORITY LETTER FOR COLLECTING EXAMINATION MARKSHEET**

**(to be completed by the candidate and submitted to the office personally for verification before going out of station)**

**Appl. No.** \_\_\_\_\_

**Date:** \_\_\_\_\_

To,

The Principal

St Pauls Institute of Communication Education

Bandra (West)

Mumbai: 400 064.

Sir,

I the undersigned, Mr./ Ms. \_\_\_\_\_ student of \_\_\_\_\_ Class bearing Roll No. \_\_\_\_\_ Seat No. \_\_\_\_\_ have passed the \_\_\_\_\_ Examinations held in \_\_\_\_\_ 20\_\_\_\_. I am unable to take my admission personally because \_\_\_\_\_.

I seek your permission to authorize my \_\_\_\_\_ Mr./Ms. \_\_\_\_\_ the bearer of this letter to collect my original marksheet, of the FY / SY / TY / B.voc Examination conducted by the College / University in \_\_\_\_\_ 20\_\_\_\_, on my behalf.

I state that I shall not hold the college responsible if the mark sheet is spoiled / damaged / lost after being collected by the bearer of this letter.

My I-card/Hall ticket is given to the bearer for presentation while collecting my mark sheet.

Full Name of the person authorized: \_\_\_\_\_

Address of the authorized person: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Signature of the authorized person: \_\_\_\_\_

Identification proof of the authorized person submitted to the College: \_\_\_\_\_

\_\_\_\_\_

**Name & Signature of the student**

**Signature of the official who verified the signature of the student**

**Received original copy of the mark sheet of the above-mentioned student**

Date \_\_\_\_\_

**Name and Signature**  
**(to be signed at the time of collecting mark sheet)**