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| --- | --- | --- | --- | --- | --- | --- |
| Sl. No. | Address of Trade Testing Center.  (It must Contain Complete Address, with Pin Code No.)  (Sl. No. of address must match with the Sl. No. of Indent ) | Name of the Principal/ Head of Institute Phone No., Mob. No., Fax No. & Email  (Address not required) | Address of the BANK where question papers would be sent by D.G.T.  (It must Contain Complete Address, with Pin Code No. & IFSC Code of the Bank) | Name of Bank Manager, Phone No., Fax No.(Office) Mobile No.,& Email address  (Address not required) | Number & Date of Agreement/ MoU signed between Exam Centre & Bank | Remarks |
| **(1)** | **(2)** | **(3)** | **(4)** | **(5)** | **(6)** | **(7)** |
| **1.** |  |  |  |  |  |  |
| **2.** |  |  |  |  |  |  |
| **3.** |  |  |  |  |  |  |

**Note:- Question Papers will be sent by D.G.T. to above mentioned authorized Bank (Given in column No.4) only.**

**Signature and Seal of State/UT/Principal**