

Annexure-I

Authorization Letter to be submitted for enrolment to RP/PL/ML
DMS under www.gsi.gov.in of Geological Survey of India (On
official letter head in the name of Signing Authority only)

To
The Director General
Geological Survey of India
27, Jawaharlal Nehru. Road
Kolkata - 700016

Subject: "Regarding Authorisation of Nodal Officer for RP/PL/ML Data Management System Enrolment"

I am hereby authorizing [name] [Designation] as the nodal officer for RP/PL/ML Data management System pertaining to [organization/department] and also confirm that all information furnished in the Authorization Letter is correct to the best of my knowledge.

I [Name] [Designation] [Organisation] endorse that the [Organization Name] bearing Registration NO is registered under Act..... This authorisation will be used for official purposes and would conform to the IT Act of India. The authorised access will not be used for any unlawful & commercial purpose.

Hence, I recommend enrolment of the following as the nodal officer for RP/PL/ML Data management System of Geological Survey of India on behalf of [Organization].

Name & Designation:	Organization:
Address:	
City:	State:
	Pin:
Telephone:	Fax :
	Email:

Declaration:

- I understand and agree to comply with the following Terms & Conditions of www.gsi.gov.in
- All the contact information entered online and in authorization letter are correct and same.
- The contact details would be updated as and when there is a change.
- The access will not be used for any unlawful and commercial purposes.
- The uploaded content will conform to IT Act of India.
- Geological Survey of India will not be responsible for any false documents submitted, misguidance and any unlawful activities practiced by the nodal officer using the access.
- Authorisation shall be cancelled in case of information uploaded is found to be violating the guidelines.
- The authorisation key to access the RP/PL/ML DMS under www.gsi.gov.in of Geological Survey of India will always be kept under safe custody and will not be handed over to any unauthorised personnel.

Signing Authority (*strike off whichever is not applicable*)

Name: Designation:

Ministry: Central or State/Public or Private
Ltd:
Department:
Organization/Company: Signature With official Seal:
Date:

Please note: The duly filled in and signed authorization letter in the official letterhead of the signing authority should be sent by registered/speedpost to GSI at the address mentioned above.