

**COUNCIL OF HIGHER SECONDARY EDUCATION,
MANIPUR**

Declaration form for registering the Institution's official E-mail address to COHSEM

Name of the Institution:

<input style="width:100%; height:100%;" type="text"/>

Address of the institution:

<input style="width:100%; height:100%;" type="text"/>

District of the Institution:

<input style="width:100%; height:100%;" type="text"/>

Name of the Principal:

<input style="width:100%; height:100%;" type="text"/>

Phone Number of the Principal: [For verification purposes]

<input style="width:100%; height:100%;" type="text"/>

Official E-mail address of the Institution for confidential communication with COHSEM:

<input style="width:100%; height:100%;" type="text"/>

I hereby declare that the above information is true to the best of my knowledge to register our institution's official e-mail address to COHSEM for confidential communication purposes.

Date:

Place:

Principal's Signature

[With Official Seal]

Institution's Seal