

**CONSENT LETTER for teachers of Self-financed / DA getting Schools**

**Format : SFCL**

**[ To be signed by the concerned subject teacher and duly counter signed by the Head of the Institution ]**

FOR THE SUBJECT \_\_\_\_\_

I , Sri/ Smt \_\_\_\_\_ being a

PERMANENT/ CONTRACTUAL [ Tick the correct option ] Teacher of

\_\_\_\_\_ [ Name of School ] with subject

\_\_\_\_\_ having qualifications \_\_\_\_\_

**do hereby declare that I will act as an Examiner cum Scrutineer of HS Examination , if appointed by the Council.**

\_\_\_\_\_  
Signature of Teacher

Name : \_\_\_\_\_

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

Contact No : \_\_\_\_\_

Counter Signed by : \_\_\_\_\_

( Signature of Head of the Institution with date )

Institution Code : \_\_\_\_\_

Contact No : \_\_\_\_\_

**Seal of the School**