

FORM 21
[THE DESIGNS ACT, 2000]
GENERAL POWER OF AUTHORITY
(See section 43)

In connection with designs filed for registration in the name of **NAME OF APPLICANT**, an Indian University having its registered office at **ADDRESS OF APPLICANT**, **NAME OF APPLICANT**, an Indian citizen having its residence at **ADDRESS OF APPLICANT**. We hereby authorize Mrs. Pooja, Registered Patent Agent (IN/PA/1838) of Innove Intellects, A-102, Sector-9, New Vijay Nagar, Ghaziabad, Uttar Pradesh-201009 India to act as our Agents and to receive all notices, requisitions and communications until further notice.

We here by revoke the previous authority, if any, given by us in this matter.

Dated this day of November, 2023

Industrial Design Number: _____

Signature.....

Name: NAME OF APPLICANT

Signature.....

Name: NAME OF APPLICANT

To
The Controller of Designs,
The Patent Office,
Kolkata