



# Trinity College Dublin

Coláiste na Tríonóide, Baile Átha Cliath  
The University of Dublin

## AGENT AUTHORISATION FORM

### STUDENT DETAILS


Family name Thakar  
Given name Deep  
Date of birth 13/01/2000  
Email address deep.thakar.13@gmail.com

TCD REF ID 

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Course Applied to M.Sc in Computer Sci - Data Science  
Phone no. 8169788671

### NEW APPLICATION- AGENT AUTHORISATION

Name of Agency Fateh Education Consulting Private Limited  
Branch Location Fateh Education 6/15, East Patel Nagar, Near Patel Nagar Metro Station, New Delhi, Delhi 110008  
Email Address app@fateheducation.com  
Phone No. 7400096967  
Student's Signature:  Date: 02/01/2021

## ADDING OR CHANGING AGENT REPRESENTATIVE

### 1. ADD AN AGENT REPRESENTATIVE REQUEST

- I applied directly to Trinity College Dublin. I am now seeking to appoint an agent representative.

Name of Agency Fateh Education Consulting Private Limited  
Branch Location Fateh Education 6/15, East Patel Nagar, Near Patel Nagar Metro Station, New Delhi, Delhi 110008  
Email Address app@fateheducation.com  
Phone 7400096967

Please select the level of service(s) provided by your agent representative

1. RECEIVING AN OFFER	2. ACCEPTANCE OF OFFER	3. VISA APPLICATION
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Agent's Signature: \_\_\_\_\_

Date: 02/01/2021



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## 2. CHANGE OF AGENT REPRESENTATIVE REQUEST

- I want to remove my previous agent representative and appoint a new agent representative

**What is the reason for seeking a change of agent representative or removing an agent representative? Please select one:**

- ☐ Agent representative provided incorrect or misleading information.
- ☐ Agent representative is not responsive to my requests.
- ☐ Other (Please explain):

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## PREVIOUS AGENT REPRESENTATIVE INFORMATION

Name of Previous Agency 

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Branch Location 

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Email Address 

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Phone 

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## NEW AGENT REPRESENTATIVE INFORMATION

Name of New Agency 

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Branch Location 

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Email Address 

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Phone 

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**Please select the level of service(s) provided by your new agent representative**

1. APPLICATION SUBMISSION	2. RECEIVING AN OFFER	3. ACCEPTANCE OF OFFER	4. VISA APPLICATION
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

New Agent's Signature: 

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 Date: 

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## 3. Declaration

### Student's Declaration

- I hereby certify that the information I have provided on this application form is correct and complete.
- I hereby certify that I have contacted my previous agent to notify them that I am now seeking representation by my new agent.
- I understand that this form replaces any previous advice I have provided regarding representation of my Trinity College Dublin application.

Student's Signature: \_\_\_\_\_

*A. M. Thakur*

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

\*You must lodge the completed form, by email to [nilanjana.shihn@tcd.ie](mailto:nilanjana.shihn@tcd.ie)

### THIS FORM IS NOT AN APPLICATION FOR ADMISSION

#### Who Should use this form?

- If you are engaging the services of an agent after you have already applied, you should use this form.
- If you are changing from one Trinity agent to another during the application process, you should use this form.

#### Who should not use this form?

- If you have notified us on your application that you are using an agent, you should not use this form