ANNEXURE IV

AUTHORISATION LETTER

SUBMITTED BY AN AUTHORISED REPRESENTATIVE / PROXY OF CANDIDATE

[See Clause 24]

	in
(Name & address	of the person being authorized) to represent me to report at the allotment venue for admission to & Midwifery Courses, 2023. The signature of the person authorized is attested below by a
Photograph of candidate attested by a Gazetted Offi- cer	Signature of Candidate: Name: Address:
(Gazetted Officer	to attest the Photograph)
Name :	
Designation:	
(Office Seal)	
-	(Signature of authorized representative) (ATTESTED) ndidate to sign
	rer the Photograph) Signature of Candidate UNDERTAKING
	he decision taken if any, by my authorized representative at the allotment venue shall be binding not have any claim whatsoever, other than the decision taken by my authorized representative on
Place: Date: 	Signature of candidate

Note: An authorized representative attending Allotment Process must bring a photocopy also of the filled up form. The same will be returned to the representative with the seal of the DME's office. This copy of the filled up form having the seal of the DME's office can be used in lieu of authorization letter during subsequent appearances.