

ANNEXURE IV**AUTHORISATION LETTER****SUBMITTED BY AN AUTHORISED REPRESENTATIVE / PROXY OF CANDIDATE**

[See Clause 24]

I, (name of candidate) son/daughter of Shri/Smt
 with application numberand Rank No
 in Rank list(s) do hereby authorize Shri/Smt

(name & address of the person being authorized) to represent me to report at the allotment venue
 for admission to General Nursing & Midwifery Courses, 2020. **The signature of the person
 authorized is attested below by a Gazetted Officer.**

Photograph of candidate attested by a Gazetted Officer
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Signature of Candidate:

Name :

Address :

(Gazetted Officer to attest the Photograph)

Name :

Designation:

(Office Seal)

(Signature of authorized representative)

Photograph of authorized representative attested by candidate

(Candidate to sign
over the Photograph)**(ATTESTED)**

Signature of Candidate

UNDERTAKING

I, undertake that the decision taken if any, by my authorized representative at the allotment
 venue shall be binding on me and I shall not have any claim whatsoever, other than the decision
 taken by my authorized representative on my behalf.

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.**