AUTHORISATION LETTER

SUBMITTED BY AN AUTHORISED REPRESENTATIVE / PROXY OF CANDIDATE

I,	(name	of candida	te) son/o	laughter of	Shri/Smt
with	h application	n number .		and	l Rank No
in	Rank	list(s) do	hereby	authorize	Shri/Smt
					•••••
(name & address of the person being authorize	ed) to repres	sent me to	report at	the allotm	ent venue
for admission to MSc Nursing Courses, 20)20-21. The	signature	of the p	person aut	horized is
attested below by a Gazetted Officer.					

Photograph	Signature of Candidate:				
of candidate attested by a	Name	:			
Gazetted	Addres	s :			
Officer					
(Gazetted Office	r to attest the Photograph)				
Name :					
Designation:					
(Office Seal)					
		(Signature of authorized representative)			
Photograph of authorized		(ATTESTED)			
representative attested by candidate	(Candidate to sign over the Photograph)	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.