

ANNEXURE V

CENTRALIZED ALLOTMENT PROCESS - PGM: 2010
AUTHORIZATION LETTER
Submitted by an Authorized representative

[See Clause XI (a) [iv]]

I, ----- (*name of candidate*) son/daughter of Shri./Smt. ----- having Roll No ----- in the P G Medical Entrance Examination, 2010, with Rank -----, do hereby authorize Shri / Smt ----- (*name & address of the person being authorized*) to represent me to report at the allotment venue for admission to P G Medical (Degree/Diploma) Courses, 2010. The signature of the person authorized is attested below by a Gazetted Officer.

Signature of the Candidate:

Affix a recent
passport size
photograph of the
candidate and get it
attested by a
Gazetted Officer

Name of the Candidate:-----

Address :-----

Name and Designation of the Gazetted officer

Office Seal

Photograph of
authorized
representative
attested by the
candidate

Signature of the Authorised Representative:

ATTESTED:

SIGNATURE OF THE CANDIDATE

Candidate to sign over the photograph

UNDERTAKING

I, undertake that the decision taken if any, by my authorised 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 authorised representative on my behalf.

Place :

Date :

Signature of candidate

Note: An authorized representative attending CAP-PGM, 2010 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.