

ANNEXURE I

**CENTRALIZED ALLOTMENT PROCESS - MASTER OF DENTAL SURGERY COURSE- 2012
AUTHORIZATION LETTER**

Submitted by an Authorized representative

[See Clause XII (a) [iv]]

I, -----(name of candidate) son/daughter of Shri./Smt. -----having Roll No ----- in the Master of Dental Surgery Course Examination, 2012, 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 Master of Dental Surgery Course 2012. 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 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 **Master of Dental Surgery Course 2012** 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.

