saUnj hnZym`ymk I mcymebw Xncph\`]pcw

\w. _ n1/21811/2011/Un.F w.C

X₀bXn.13/02/2012

hrPRm]\w

hnj bw: _n^mw emÁd F³{Sn{] thi \w 2011

__n.^mw emÁd F³{Sn tl mgk v (2011) {] thi _ n\pÅ CâÀhrq Xncph_] pcw saUnį tl mtfPv l ym¼k nepÅ Ubdî tdÁv Hm^v saUnį F Upsį j \n h¨v2012 s^{_phcn amk w 22-mw XobXn cmhnse 10.30 apX \S phm³ Xocpam\n¨ncnį p¶p. {] thi \] co£ m l ½oj WdpsS dm¦v enì nsâ A Snk Ym_ nepw k oÁpl fpsS e`yX A \pk cn¨pw A Uanj³ e`nį p¶ XmWv {] thi \] co£ bpsS A UanÁv l mÀUpw t{] mk ji l k v {] l mcapÅ k À«n^nį Ápl fpsS A Ê epw k l nXw dm¦v enì n DÄs] «n«pÅ hÀ ഹാജരാകേണ്ടതാണ് dnk Àthj³ hn`mK; mÀ PmXn k À«n^nį Ápw hcpam\ k À«n^nį Ápl fpsS A Ê epw copæരാക്കേണ്ടതാണ്. dm¦v enì n DÄs] «n«pÅ F Ãmhcpw CâÀhrqhn\p A t¶ Znhk w l mPcmtl məXmWv t\cn«v l mPcml m³ k m[nį m¯ hÀ CXnt\msSm¸w \Âl nbn«pÅ "Authorization Letter"] qcn¸n¨v k m£ y പ്പെടുത്തി അധികാരപ്പെടുത്തിയ വ്യക്തി ഹാജരാകേണ്ടതാണ്.

Sd/-ഡയറക്ടർക്കുവേണ്ടി

Contd..2

ANNEXURE I

CENTRALIZED ALLOTMENT PROCESS - B Pharm(LE)2011 AUTHORIZATION LETTER

Submitted by an Authorized representative

	[See Clause XII (a) [iv]]					
Ι,	(name of candidate) son/daughter of Shri./Smt.					
	in the B Pharm(LE)					
	Rank, do hereby authorize Shri / Smt					
	admission B Pharm(LE)2011. The signature of the person authorized is attested below by a					
Gazetted Officer.	duministrating Explaining Explaining Street					
	Signature of the Candidate:					
	Name of the Candidate:					
Affix a recent	Address :					
passport size						
photograph of the						
candidate and get it attested by a						
Gazeetted Officer						
Name and Designation	of the Constant officer					
Name and Designation	n of the Gazetted officer					
	Office Seal					
	Signature of the Authorised Representative:					
	signature of the Authorised Representative.					
Photograph of						
authorized	ATTESTED:					
representative attested by the						
randidate	SIGNATURE OF THE CANDIDATE					
Candidate to sign over the pho						
	<u>UNDERTAKING</u>					
I, undertake that the dec	sision taken if any, by my authorized representative at the allotment venue shall be binding on					
	any claim whatsoever, other than the decision taken by my authorized representative on my					
behalf.						
Place : Date :	Signature of candidate					
Note: An authorized repr	resentative attending B Pharm(LE) 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.

DIRECTORATE OF MEDICAL EDUCATION ALLOTMENT TO B.PHARM (LATERAL ENTRY) COURSE 2011 PROFORMA FOR EXERCISING OPTION

Application No:

Sd/-

JOINT DIRECTOR

Name in English (In Block letters) :

Contact Address		:	Rank No :						
Reservation	on Category	:							
Priority	College Code	Priority	College	Code		Priority	College Code		
1		6				11			
2		7				12			
3		8				13			
4		9				14			
5		10				15			
	hereby solemnly affir abide by the provision			efully th	e pr	ospectus fo	or B.Pharm(LE) Course,2011 an Signature of Candidat		
· · · · · · · · · · · · · · · · · · ·									
			(For Offic	<u>e Use)</u>					
Certificate	Produced/to be veri	fied							
				✓	/	Remarks			
1	Certificate to prove date of birth								
2	Mark list of qualifying exam								
3	Pass Certificate of qualifying exam								
4	Nativity Certificate								
5	Income Certificate								
6	Community Certificate								
	,								
Course allotted		Colle	College allotted				Category		
		l							