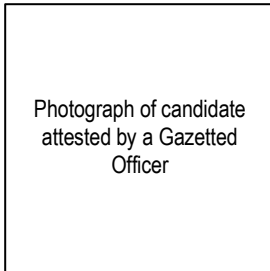


**COUNSELLING TO P G MEDICAL SEATS-2014**  
**AUTHORISATION LETTER SUBMITTED BY AN AUTHORISED REPRESENTATIVE / PROXY OF CANDIDATE**

I, ....., (*name of candidate*)  
son/daughter of Shri/Smt. .... having Roll No  
..... in the allotment to Post Graduate Medical Courses-2014 do hereby authorise  
Shri/Smt.....  
.....  
..... (*Name & Address of the person being  
authorized*) to represent me to report at the allotment venue for admission to Post Graduate Medical  
Courses-2014. The signature of the person authorized is attested below by a Gazetted Officer.



(*Gazetted Officer to attest the Photograph*)

Name :

Designation :

(*Office Seal*)

Signature of Candidate: .....

Name : .....

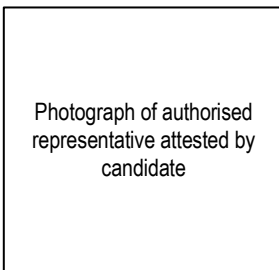
Address : .....

.....

.....

.....  
**(Signature of authorised representative)**

**(ATTESTED)**



(*Candidate to sign over the  
Photograph*)

.....  
*Signature of Candidate*

**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**  
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