

COUNSELING FOR ADMISSION TO POST GRADUATE DENTAL (MDS) COURSES KERALA - 2014
AUTHORIZATION LETTER
Submitted by an Authorized representative

I, (name of candidate) Son/daughter of Shri./Smt.....
having Application No.....in the Application for admission to Master of Dental Surgery Kerala 2014
with position in Kerala State Merit List....., do hereby authorize Shri./Smt.....
.....(name & address of the person being authorized) to
represent me to report at the allotment venue for admission to Master of Dental Surgery Course 2014. The
signature of the person authorized is attested below by a Gazetted Officer.

Signature of the Candidate:

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

Name of the Candidate:.....

Address:

.....

.....

Name and Designation of the Gazetted Officer

Office Seal

Affix a recent
passport size
photograph of
representative by
the candidate

Signature of the Authorised Representative:

ATTESTED:

.....

SIGNATURE OF THE CANDIDATE

Candidate to sign over the photograph

U N D E R T A K I N G

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 PG Dental Course 2014 (Master of Dental Surgery Course 2014) must bring a photocopy also of the filled up form. The same will be returned to the representative with the seal of the Office of the Commissioner for Entrance Examinations (CEE). This copy of the filled up form having the seal of the CEE's office can be used in lieu of authorization letter during subsequent appearances.