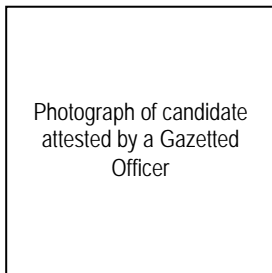


COUNSELLING TO P G DENTAL SEATS 2015
AUTHORISATION LETTER SUBMITTED BY AN AUTHORISED REPRESENTATIVE / PROXY OF CANDIDATE

I, (name of candidate)
son/daughter of Shri/Smt. having
Roll No in the allotment to Post Graduate Dental(MDS) Courses 2015 do hereby authorize
Shri/Sm
.....
..... (Name & Address of the
person being authorized) to represent me to report at the allotment venue for admission to Post Graduate
Dental(MDS) Courses 2015. The signature of the person authorized is attested below by a Gazetted Officer.



(Gazetted Officer to attest the Photograph)

Name :

Designation :

Signature of Candidate:

Name :

Address :

.....

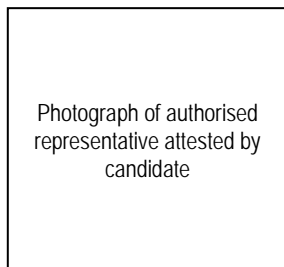
.....

.....

.....
(Signature of authorised representative)

(Office Seal)

(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