

saUnj Ā hrZym` ymk I mcyme bw
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XobXn.13/02/2012

hrPRm] \w

hnj bw:- __n^mw emĀdĀ F³ {Sn {} thi \w 2011

__n^mw emĀdĀ F³ {Sn tI mgk v (2011) {} thi \` n\pĀ CāĀhrq Xncph\`]pcw saUnj Ā tI mtfPv I ym¼k nepĀ UbdĪ tdĀv Hm^v saUnj Ā F Upsj j \nĀ h`v 2012 s^ { _phcn amk w 22-mw XobXn cmhrse 10.30 apXĀ \S` phm³ Xocpam\n`ncnj p¶ p. {} thi \]coE m I ½oj WdpsS dm;v enĪ nsâ A Snk Ym\` nepw koĀpl fpsS e`yX A \pk cn`pw AUanj ³ e`nj p¶ XmWv {} thi \]coE bpsS AUanĀv I mĀUpw t{} mk v] Ī k v {} I mcapĀ k Ā«n^nj Āpl fpsS AĒepw k I nXw dm;v enĪ nĀ DĀs] «n«pĀ hĀ ഹാജരാകേണ്ടതാണ് dnk Āthj ³ hn`mKj mĀ PmXn k Ā«n^nj Āpw hcpam\ k Ā«n^nj Āpl fpsS AĒepw ഹാജരാകേണ്ടതാണ്. dm;v enĪ nĀ DĀs] «n«pĀ F Āmhcpw CāĀhrqhn\p A t¶ Znhk w I mPcmtI ണXmWv t\cn«v I mPcml m³ km[nj m` hĀ CXnt\msSm,w \ĀI nbk«pĀ “Authorization Letter”]qcn,n`v kmE y പ്പടുത്തി അധികാരപ്പെടുത്തിയ വ്യക്തി ഹാജരാകേണ്ടതാണ്.

Sd/-
ഡയറക്ടർക്കുവേണ്ടി

ANNEXURE I

**CENTRALIZED ALLOTMENT PROCESS - B Pharm(LE)2011
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 B Pharm(LE) Examination, 2011, 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 B Pharm(LE)2011. 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 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.

