ANNEXURE IV

AUTHORISATION LETTER

SUBMITTED BY AN AUTHORISED REPRESENTATIVE / PROXY OF CANDIDATE

[See Clause 24]

	I,			(Name	of can	dida	te) son/	daughter of	Shri/Smt
in Rank list(s) do hereby authorize Shri/Smt			With app	olicatio	n num	ber .		an	d Rank No
		in		Rank	list(s)	do	hereby	authorize	Shri/Smt
					•••••	•••••	•••••	••••••	

(Name & address of the person being authorized) to represent me to report at the allotment venue for admission to General Nursing & Midwifery Courses, 2024. The signature of the person authorized is attested below by a Gazetted Officer.

Photograph of candi- date at-	e e	f Candidate:
tested by a Gazetted		
(Gazetted Officer	r to attest the Photograph)	
Name :		
Designation:		

(Office Seal)

.....

(Signature of authorized representative)

(ATTESTED)	D)	(ATTESTE
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Photograph of authorized representative attested by candi-

(Candidate to sign over the Photograph)

Signature of Candidate

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 Allotment Process 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.