

AUTHORITY LETTER AND UNDERTAKING FOR AUTHORIZED REPRESENTATIVE
MBBS/BDS COURSES FOR THE SESSION 2017-2018 UNDER
FACULTY OF MEDICAL SCEICNES, UNIVERSITY OF DELHI

AUTHORITY LETTER

(TO BE SUBMITTED AT THE TIME OF COUNSELING BY THE REPRESENTATIVE)

I _____ son/daughter of Shri _____
bearing Roll No. _____ in NEET-2017, do hereby authorize Mr./Ms/Mrs.
_____ son/ daughter/ wife of Shri _____
Resident of _____ to represent me on
_____ (date) before the Medical Courses Admission Committee for selection/ rejection of a seat/
college, or placement in waiting list for admission to MBBS/ BDS Courses-2017. The signature and the photograph of
above named Mr./ Mrs./ Miss _____ are attested below.

**Photograph of
candidate
attested by
Gazetted Officer**

Signature of the candidate

Name:
Roll No. (NEET) Examination:
Category/Rank (/NEET):
Address:
.....
.....
.....

**Photograph of
authorized
representative
attested by the
candidate**

Signature of Authorized representative

Attestation of Signature by the Candidate.....

* Candidate should sign in such a way that half of his/ her signature be on the photograph of authorized representative.

UNDERTAKING

I _____ son/ _____ daughter of _____ Shri
_____ aged _____ year _____ months, bearing Roll No. _____
Placed at Rank _____ in NEET-2017, do hereby solemnly affirm and undertake that the decision of my
authorized representative, Mr./ Ms./Mrs. _____ son/ daughter/ wife of Shri
_____ aged _____ years _____ regarding selection/
rejection of seat, or placement in waiting list regarding admission to MBBS/ BDS courses- 2017 on the date of
personal appearance 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 on _____ at the time of counseling.

Signature of the candidate

Name:
Roll No. (NEET) Examination:
Category/Rank (/NEET):
Address:
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.....
.....

I have fully read the information furnished by my son/daughter/ward and affirm that it is true and if it is proved that the information is fraudulent, I am liable to criminal prosecution.

Signature of Parent/ Guardian

Full Name: _____

Relationship with the candidate: _____