

**AUTHORITY LETTER AND UNDERTAKING FOR AUTHORIZED REPRESENTATIVE  
MBBS/BDS Course for the Session-2012 under Faculty of Medical Sciences, 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 AIPMT-2012, do hereby authorize Mr./ Mrs./  
Miss \_\_\_\_\_ 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 Course, 2012. 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. (AIPMT) Final Examination \_\_\_\_\_  
Category/Rank (AIPMT): \_\_\_\_\_  
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 AIPMT-2012, do  
hereby solemnly affirm and undertake that the decision of my authorized representative, Mr./ Mrs./ Miss \_\_\_\_\_  
\_\_\_\_\_ son/ daughter/ wife of Shri \_\_\_\_\_ aged \_\_\_\_\_  
\_\_\_\_\_ years \_\_\_\_\_ regarding selection/ rejection of seat, or placement in waiting list regarding admission to  
MBBS/ BDS courses 2012 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 \_\_\_\_\_

Signature of the candidate  
Name \_\_\_\_\_  
Roll No. (AIPMT) Final Examination \_\_\_\_\_  
Category/Rank (AIPMT) \_\_\_\_\_  
Address \_\_\_\_\_

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: \_\_\_\_\_  
Relation with the candidate: \_\_\_\_\_