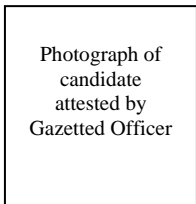


**AUTHORITY LETTER AND UNDERTAKING FOR AUTHORIZED REPRESENTATIVE
TO BE SUBMITTED AT THE TIME OF COUNSELLING**

AUTHORITY LETTER

I _____ son/ daughter of Shri _____ bearing Application No. _____ for admission to MD/MS (Ayurved/Unani) Course for the session 2017-2020, do hereby authorize Mr./ Mrs./ Miss _____ son/ daughter/ wife of Shri _____ Resident of _____ to represent me on _____ (date) before the Joint Admission Committee of the Faculty of Ayurvedic & Unani Medicine for selection/ rejection of a seat/ college, or placement in waiting list for admission to MD/MS (Ayurved/Unani) course for the Session 2017-2020. The signature and the photograph of above named Mr./ Mrs./ Miss _____ are attested below.



Signature of the candidate

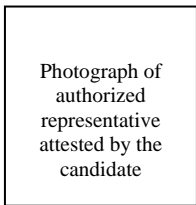
Name _____

Application Form No. _____

Category/Rank No. _____

Address _____

Pin _____



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, Application Form No. _____ placed at Rank _____ in MD/MS (Ayurved/Unani) Course for the session 2017-2020, 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 MD/MS (Ayurved/Unani) Course for the session 2017-2020 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

Date:

Name _____

Place:

Application Form No. _____

Category/Rank No. _____

Address _____

Pin _____