

AUTHORIZATION FOR REPRESENTATIVE

I, _____ son / daughter of _____ being unable to attend the admission session for admission to PG Course _____ at Krishna Institute of Medical Sciences Deemed University, hereby authorize _____ son/daughter of _____ whose photograph is affixed below and who shall sign as shown below, to represent me during the admission session. I hereby declare that the decision made by this authorized representative shall be irrevocable and that it shall be final and binding on me. This authorized representative shall present all the necessary documents, pay the appropriate fees and complete all the necessary formalities on my behalf. I am aware that, if selected, I have to report to the admitted college in person within five working days from the date of my selection failing which my claim to the said selection shall stand forfeited.

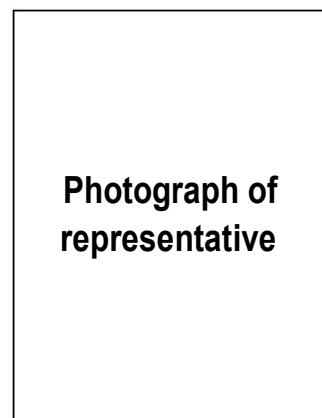
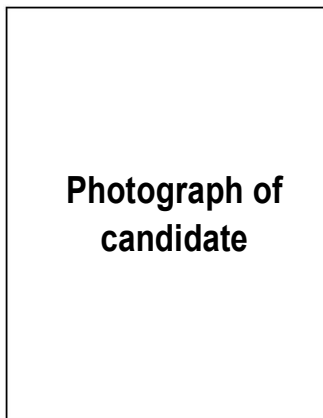
Name of the Candidate: _____

Application Form Number : _____ Merit Number: _____

Reason for absence: _____

Signature of the Parent / Guardian as

Signature of the Candidate
Recorded in the Application Form



Signature of the Representative