

SWAMI RAMA HIMALAYAN UNIVERSITY

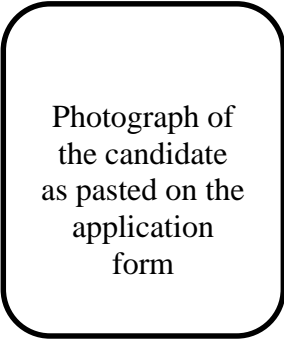
(Established under section 2(f) of UGC Act, 1956 & enacted vide Uttarakhand Act No. 12 of 2013)

Nursing & Paramedical Counseling 2015

AUTHORITY LETTER

(For candidates not appearing in person)

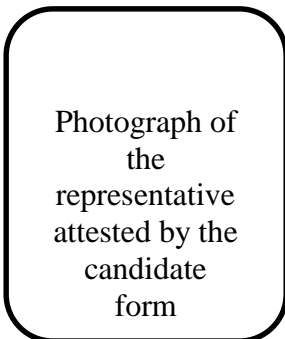
I, son/daughter/wife of
Mr./Ms. wants to appear in
Nursing & Paramedical Counseling 2015 for admission to Nursing & Paramedical Programs, do
hereby authorize Mr./Ms.....
son/daughter/wife of Mr./Ms..... R/o
..... to represent me on (date) before the committee
for allotment of seat in Nursing & Paramedical Programs in
The signatures and the photograph of above named Mr./Ms are attested
below:



Name : _____

Signature of Candidate

Date :



Name : _____

Address: _____

Signature of authorized representative

Date :

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Nursing & Paramedical Counseling 2015

UNDERTAKING REGARDING AUTHORIZATION

(For candidates not appearing in person)

I, son/daughter/wife of Mr./Ms.
..... aged about years attending Nursing &
Paramedical counseling 2015 for admission to Nursing & Paramedical Programs, do hereby
solemnly affirm and undertake that the decision of my authorized representative,
Mr./Ms..... son/daughter/wife of Mr./Ms..... aged
about years regarding selection/rejection of the seat 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 candidate

Date:

Name : _____

Address : _____

Signature of authorized person

Date: