AUTHORITY LETTER

I Dr. _____

son/daughter/wife of Shri _____ bearing

Roll No _____ of the Entrance Examination for the

Admission to MDS Courses 2016 do hereby authorize Shri/Smt/Kum.

_____ to

represent me on _____ (Date) along with all Original Documents before the Committee for selection /rejection of a seat for MDS Courses 2016 of Faculty of Dental Science, Dharmsinh Desai University. The signature and the photograph of above named Shri/Smt./Kum. _____ are attested below.

Photograph of Authorized representative duly attested by the candidate	Photograph of Candidate Self-attested

_____ _____

Signature of the Authorized Representative
duly attested by the candidate

Signature of Candidate

Name _____

Seat no _____

Date _____

Rank _____