AUTHORITY LETTER

| I, | | | | | | | |
|-------------------------|---------------------------------|--|--------------------------------|-----------------|------------------|-------------|--|
| Son/Daug | hter/Wife of Mr | · | | | | _ bearing | |
| Combined | d Merit No | for adn | nission to Pos | st Basic B.Sc. | Nursing course | es 2024 do | |
| hereby au | thorize Mr./Mrs./N | Miss | | | to repres | sent me on | |
| 24/07/202 | 24 before the Comr | nittee for select | ion of a seat f | For Post Basic | B.Sc. Nursing o | course. The | |
| signature | and | the | photograph | of | above | named | |
| Mr./Mrs./Miss | | | | is attested | below. | | |
| Г | | | | | | | |
| Photograph of Candidate | | Signature of Candidate Name of Candidate | | | | | |
| | Attested by Gazetted officer | | ram | ic of Candidat | C | | |
| | | Combined Merit No. | | | | | |
| | | | | | | | |
| Г | | | | | | | |
| | Photograph of Authorized person | | Signature of Authorized Person | | | | |
| | Attested by Gazetted officer | Signature of the Candidate | | | | | |
| | | <u>UN</u> | DERTAKING | | | | |
| I, | | | | | | | |
| | aughter/ Wife of | | | | | | |
| | years, bearing | | | | | | |
| | rsing courses 2024 | · | • | | | • | |
| | d person, Mr./Mrs | | | | | | |
| | of seat in intervie | | | • | | • | |
| claim wha 24/07/202 | atsoever, other thar 24 | the decision to | aken by my au | ithorized repre | esentative on my | y behalf on | |
| | | | Signature | of candidate _ | | | |
| | | | Combined | Merit No.: | | | |
| | | | A ddragg | | | | |