

AUTHORIZATION FOR REPRESENTATIVE

I, _____ son / daughter
of _____ being unable to attend the
admission session for admission to UG 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

Photograph of
candidate

Photograph of
representative

Signature of the Representative