

Authorization for Representative

Annexure – III

I,.....son/daughter
of.....being unable to attend the counseling session
for admission to M. Pharm / MPT / MD Ayurveda /M.Sc. Nursing courses in KLE, University Belgaum,
on.....hereby authorize- son/daughter of.....whose
photograph is affixed below and who will sign as shown below, to represent me at the counseling
and on-the-spot-admission. I hereby declare that the choice of course made by this authorized
representative will be irrevocable and that it will be final and binding on me. This authorized
representative will present all the necessary documents, pay the appropriate fees and complete all
the necessary formalities on my behalf. I understand that I have to present myself physically to the
Counseling Committee/University within 72 hours of the allotment of the seat, failing which, the
seat allotted to me may be cancelled instantaneously.

Name of the candidate (IN CAPITAL LETTERS)

Rank No:

Place:

Date:

Parent / Guardian Reason for absence:

Signature of the candidate's

Signature of the Candidate

Left Thumb Impression of Parent/Guardian
the Candidate

**Recent Passport size
photograph of the
representative
should be affixed
here**

Specimen Signature of the Representative

Left Thumb Impression of the
Representative