

**Authorisation for Representative**

**Annexure – III**

I,.....son /daughter of.....being unable to attend the counseling session for admission to the PG Medical / Dental Degree & Diploma 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 Parent/Guardian**

**Signature of the Candidate**

**Left Thumb Impression of the Candidate**

Recent coloured passport size photograph of the representative should be affixed here.

**Specimen Signature of the the Representative**

**Left Thumb Impression of the Representative**