

UNIVERSITY OF DELHI
FACULTY OF MEDICAL SCIENCES

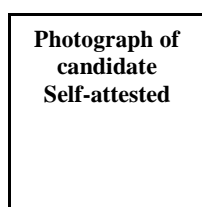
**AUTHORITY LETTER AND UNDERTAKING FOR AUTHORIZED REPRESENTATIVE TO
ATTEND COUNSELLING FOR ALLOTMENT OF MD/MS/DIPLOMA/MDS COURSES
UNDER 50% DU QUOTA**

AUTHORITY LETTER

(TO BE SUBMITTED AT THE TIME OF COUNSELING BY THE REPRESENTATIVE)

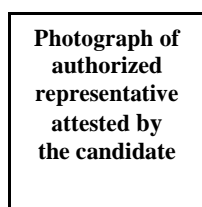
I _____ son/ daughter of Shri _____
bearing Roll No. _____ in AIPGMEE/AIPGDEE-2015, do hereby authorize
Mr./Ms./Mrs. _____ son/ daughter/ wife of Shri _____
Resident of _____

to represent me on _____ (date) before the Post Graduate Admission Committee for selection/ rejection
of a seat/ college for admission to PG Course, 2015. The signature and the photograph of above named Mr./ Mrs./ Miss
_____ are attested below.



Signature of the candidate

Name _____
Roll No. (AIPGMEE) Examination _____
Category / DU Rank:- _____
Address _____



Signature of Authorized representative _____

Attestation of Signature by the Candidate _____

* Candidate should sign in such a way that half of his/ her signature be on the photograph of authorized representative.

UNDERTAKING

1. I _____ son/daughter of Shri _____, bearing Roll
no. _____ placed at DU Rank _____ in AIPGMEE-2015, do hereby solemnly affirm and undertake
that the decision taken by authorized representative,
Mr./Ms./Mrs. _____ son/daughter/wife of Shri _____
regarding selection/rejection of seat in the final counselling conducted on 3rd & 4th June, 2015 shall be binding on me
and I shall not have any claim whatsoever, other than the decision taken by my authorized representative on my
behalf on _____.

2. I understand that, Since the 3rd round of DPG counselling is the last counselling in the light of the order dated
24.03.2015 of the Hon'ble Supreme Court in the matter of Dr. Ashish Ranjan & Ors Vs Union of India & Ors, WP(C) 76
of 2015, I have no right to surrender the seat and no extension for joining will be given.

I will have to pay the Bond money of Rs 5.0 Lacs to the Institution/University and I will not appear in the next and
subsequent Entrance Tests, till the duration of the course concerned is over, if I do not join the course at the allotted
institution on or before the stipulated date.

Signature of the candidate

Name _____
Roll No. (AIPGMEE) _____
Category/Rank (DU) _____
Address _____

Ph. No. _____