AUTHORISATION FOR REPRESENTATION

(Reference: Letter from Dr. D.Y. Patil Medical College and Hospital, Pune Vide No. ______ dated _____________)

I…………………………………………………………………………………………son/daughter of
…………………………………………………………………………………………, being unable to attend counseling session for
the admission to …………………………………………………………………………………….. (name of the course) course in
Dr. D.Y. Patil Vidyapeeth’s constituent
college/institute, …………………………………………………………………………………….. (name of the college
/institute) on…………………………………………………..(date of the counseling) hereby
authorize………………………………………………………………………..(name of the person who is
attending the counseling) 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
session. I hereby declare that the decision 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.

Name of the Candidate: ………………………………………………………………………………………………..
(IN CAPITAL LETTERS)
NEET Roll No: ……………………………………………………………………………………………………………

Place: …………………………………………………………………………………………………………………..

Date: …………………………………………………………………………………………………………………..

Reason for absence: …………………………………………………………………………………………………..

Signature of the Candidate’s Parent/Guardian

Signature of Candidate

A recent passport size photograph of the representative should be affixed here.

A recent passport size photograph of the representative should be affixed here.

Specimen Signature of the Representative