AUTHORISATION FOR REPRESENTATIVE

I,								S	on	/	dau	ıghter	of
being unable to attend the counseling session for admission													
to	the	В.	Tech.	courses	in	Jun	e /	Jul	y	2013,	hereb	y a	uthorize
		•••••			Son	/	daught	er of	F	•••••	•••••	••••••	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 or branch													
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)													
Roll no.:													
Place:													
Date:													
Reason for absence:													
Signature of the candidate's parent / guardian Signature of the candidate													
										Г			
F	ecent pohotogra presenta	aph of ative sh	the nould	Specimen s	ignat	ure o	of the re	eprese	enta	ative	A recent	graph o	of the ould be