

**AUTHORITY LETTER AND UNDERTAKING FOR AUTHORIZED REPRESENTATIVE
DELHI UNIVERSITY MEDICAL-DENTAL ENTRANCE TEST (DUMET)- 2010**

AUTHORITY LETTER

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

I _____ son/ daughter of Shri _____
bearing Roll No. _____ in Delhi University Medical-Dental Entrance Test (DUMET) – 2010, do
hereby authorize Mr./ Mrs./ Miss _____ son/ daughter/ wife of Shri _____
Resident of _____

to represent me on _____ (date) before the Medical Courses Admission Committee for selection/ rejection
of a seat/ college, or placement in waiting list for admission to MBBS/ BDS Course, 2010. The signature and the
photograph of above named Mr./ Mrs./ Miss _____ are attested below.

Photograph
of candidate
attested by
Gazetted
Officer

Signature of the candidate
Name _____
Roll No. _____
Rank _____
Address _____

Photograph
of authorized
representative
attested by
the candidate

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

I _____ son/ daughter of Shri _____ aged
_____ year _____ months, bearing Roll No. _____ placed at Rank _____ in Delhi University
Medical-Dental Entrance Test (DUMET) 2010, do hereby solemnly affirm and undertake that the decision of my
authorized representative, Mr./ Mrs./ Miss _____ son/ daughter/ wife of Shri
_____ aged _____ years _____ regarding selection/ rejection
of seat, or placement in waiting list regarding admission to MBBS/ BDS courses 2010 on the date of personal appearance
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 _____

Signature of the candidate
Name _____
Roll No. _____
Rank _____
Address _____

I have fully read the information furnished by my son/daughter/ward and affirm that it is true and if it is proved
that the information is fraudulent, I am liable to criminal prosecution.

Signature of Parent/ Guardian

Full Name: _____
Relation with the candidate: _____