AUTHORIZATION FORM-2017

ONLINE COUNSELING PROCESS, DEPARTMENT OF EDUCATION

a) Register Number: ……

b) Name of the Candidate : ……

c) Course Level : ……

d) Counseling Centre: ……

e) Name of the authorized person : ……

f) Relationship with the candidate : ……

g) Address (Authorized person) : ……

: ……

: ……

h) Mobile No (Authorized person) : ……

Declaration

I, …… , do hereby authorize the person whose details are mentioned above to attend the online counseling process for the selection of my higher education course and affirm that the selection made by the person will be final and I will not claim any further modification on the selection made.

Signature of the authorized person with date and time

Signature of the candidate with date and time