

AUTHORIZATION LETTER

I do hereby authorize Mr./Mrs./Ms. to attend the counselling session for posting of MO(MBBS) for One Year Compulsory Rural Posting under NHM, Assam on **04/03/2020** at the **Auditorium Hall of Srimanta Sankaradeva Kalakshetra, Panjabari, Guwahati.** and to select my place of posting as MO(MBBS) for One Year Compulsory Rural Posting under NHM, Assam.

Signature of authorized person:**Name:****Date:****Address:****Signature of applicant:****Name:****Date:****Merit Sl. No.****Relationship
with the candidate:****The authorized person should bring the following documents:**

1. All the original testimonials (including Registration Certificate of "Assam Medical Council", marksheet etc.) of the applicant.
2. Identity Proof of the authorized person.