



**Dr. D. Y. PATIL VIDYAPEETH, PUNE**

(Deemed University)

**DR.D.Y.PATIL MEDICAL COLLEGE AND HOSPITAL**

**PIMPRI, PUNE -411018**

**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