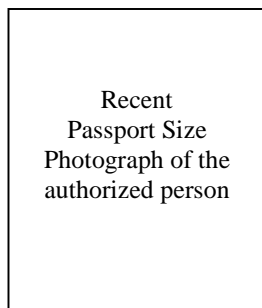


Authorization Letter

I do hereby authorize Mr/Mrs/Ms./Dr.
to attend the counselling session for posting of Post Graduate Allopathic Doctors as per
bond for One Year Service under NRHM, Assam on 07/08/2013 / 08/08/2013 at the O/o
the Mission Director, NRHM, Assam, Saikia Commercial Complex, Christianbasti, Ghy-
5 and to select my place of posting under NRHM, Assam.



Signature of authorized person:

Name:

Date:

Address:

Signature of applicant:

Name:

Specialty:

Date:

**Relationship
with the candidate:**

The authorized person should bring the following documents:

1. All the original testimonials (certificates, marksheets etc.) of the applicant.
2. Identity Proof of the authorized person.