Authorization Letter

I do hereby authorize Mr/Mrs/Ms	to
attend the counselling session for posting of MO(MBBS)	for 1 Year Compulsory Rural
Posting under NRHM, Assam on 07/10/2013 at the Auditorium of Gauhati Medical	
College & Hospital, Bhangagarh, Guwahati-32, and to select my place of posting as	
MO(MBBS) for 1 Year Compulsory Rural Posting under NRHM, Assam.	
Signature of authorized person:	Signature of applicant:
Name:	Name:
Date:	Date:
Address:	Merit Sl. No.
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.