

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 NHM, Assam on 26/11/2015 at the **Office of the Mission Director, National Health Mission, Assam, Saikia Commercial Complex, Christianbasti, Guwahati-5** and to select my place of posting as MO(MBBS) for 1 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”, marksheets etc.) of the applicant.
2. Identity Proof of the authorized person.