

## **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 ..... 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.