

Authorization for Representative

I _____ son/daughter of _____
 being unable to attend the counselling session for admission to Health Science courses at the Pravara
 Institute of Medical Sciences, Loni 413 736 at _____ AM /PM on ____ / ____ /2017 do hereby
 authorize _____ whose
 photograph is affixed below and who will sign as shown thereunder, represent me at the counselling
 session. I hereby declare that the decision made by the said authorized representative will be irrevocable
 and that it will be final and binding on me. The said representative will present all necessary documents
 in support of my eligibility and pay the requisite fees, and complete all the formalities as may be
 necessary, on my behalf.

Name of the Candidate: _____

NEET (UG) 2017 (PCB Total Score) : _____ NEET (UG) 2017 Seat Number: _____

NEET (UG) 2017 Percentile Score _____ NEET (UG) 2017 All India Rank : _____

Reason for absence: _____

Paste recent
 Photograph of the
Representative
 With his/her
 Signature thereon

Signature of the Representative :

Paste recent
 Photograph of the
Candidate
 With his/her
 Signature thereon

Signature of the Candidate

Signature of the Parent / Guardian as
 Recorded in the Application Form: