NOTIFICATION

In continuation of this call letter dated 28.5.2011 despatched on 31.5.2011 for 1st counseling on 13.6.2011 for July, 2011 session without enclosure as per Appendix-II & III of call letter). In this regard, it is informed that "in case any candidate is unable to appear in person on the notified date i.e. on 13.06.2011 of 1st counseling, he/she can send his/her authorized representative with an Undertaking and Authority Letter for allotment (Perforam for Undertaking and Authority Letter is given Appendix II & III) along with original documents as mentioned above for verification and a seat purely on provisional basis will be offered depending upon the availability of a seat at his/her rank and choice exercised by the authorised person. The allotment made to the authorised representative shall be binding on the candidate. The authorized representative will have to produce the all the documents in original, failing which he/she will not be allowed to participate in the counseling. No authorized representative will be entertained in the second counseling on 17th June, 2011. Others terms and conditions will remain same as per prospectus of July, 2011 session and Call Letter.

Encl: As above.

(V.P.Gupta) 4/6/11
REGISTRAR
APPENDIX - II

UNDERTAKING

I, Dr. ________________________, son/daughter/wife of Shri ________________________, aged ____________ (years ____________, months ____________, days ____________) bearing Roll No. ______________ placed at Rank No. ______________ in the Examination for Admission to MD/MS/M.Ch (6years) and MDS* courses for the session January/July, ____________ (year) do hereby solemnly affirm and undertake that the decision of my authorize representative Shri/ Smt/Kum. ____________________________, son/daughter/wife* of Shri ________________________, aged ____________ years, regarding selection/rejection of setat on the date of personal appearance and counselling ( ____________) shall be binding on me and I shall not have any claim whatsoever, other than the decision taken by my authorized representative on my behalf on ______________ (date).

________________________________________
Signature of Candidate

Date ______________
Place ______________

Name __________________________
Roll No. _________________________
Rank ____________________________
Address _________________________
____________________________________
____________________________________
State ____________________________
Pin Code ________________________

* Strike out whichever is not applicable
APPENDIX – III

AUTHORITY LETTER

I, Dr. ____________________________ son/daughter/wife of Shri ____________________________ bearing Roll No. __________ of the Entrance Examination for admission to MD/MD/ M.Ch (Direct 6 years) and MDS course for the session January/July, ______________ do hereby authorize Shri/Smt/Kum. ____________________________ son/daughter/wife of Shri. ____________________________ R/o. ____________________________ to represent me on __________ (Date) before the committee for selection/rejection of a seat MD/MS/M.Ch (Direct 6 years)/ MDS courses at the All India Institute of Medical Sciences, New Delhi. The signature and the photograph of above name Shri/Smt./ Kum. ____________________________ are attested below.

Photograph of authorized representative duly attested by the candidate

Photograph of candidate duly attested by a Gazetted Officer

NB: Signature & Seal should cross over the photograph. Name of the candidate and the authorized representative should be clearly written on the photographs.

Signature of authorized representative
Duly attested by the candidate

Date: __________
Place: __________

Signature of Candidate

Name: __________
Roll No: __________
Rank: __________
Address: __________