

ALL INDIA INSTITUTE OF MEDICAL SCIENCES
ANSARI NAGAR, NEW DELHI-29
(ACADEMIC SECTION)

4.6.2011

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** (Performa for Undertaking and Authority Letter is given Appendix II & III) **alongwith 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.


(V.P.GUPTA)
REGISTRAR

4-6-11

Encl: As above.

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).

Date _____

Place _____

Signature of Candidate

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 _____
