

## AUTHORITY LETTER

Date: \_\_\_\_\_

To

The Registrar  
Haryana Medical Council,  
Room No-46, Civil Hospital,  
Sector -6, Panchkula, Haryana.

Dear Sir/Madam

**Sub: Authorization letter for collecting Certificate**

I have applied for \_\_\_\_\_ in Haryana Medical Council, on \_\_\_\_\_ (date). Since, I am not able to collect the certificate personally, I authorize, my representative Mr. /Ms. \_\_\_\_\_ to collect the certificate on my behalf. You are requested to kindly handover the certificate to the person authorized at my risk and cost.

Thank you

Name and Father's Name of the Candidate:

Signature of the Candidate:

Photo Of  
Representative  
With cross Sign  
By candidate

Signature of the Representative

Verified by candidate