

To
The Principal
IQ City Medical College
Durgapur -713206

Date:

Sub: Authorization letter

_____ (tech);
(Full course name & Abbreviation) Academic Year 20..... – 20.....
SMFWB Rank number _____

Respected Sir,

With due reverence I, (Student Name) hereby authorize (Participator Name on behalf of Student) to take part in Diploma Course Paramedical Admission at IQ City Medical College, Durgapur.

I am unable to present in Admission Date due to my personal/physical problem. Please allow (Participator Name on behalf of Student) for every communication on behalf of me on the Admission day.

Thanking you in anticipation.

Signature of the student
(Authorizer)

Signature of the authorized person
(Participator Name on behalf of student)
(Relation with Student)