

Letter of Authority

I _____ Name of Student _____ Enrollment No. _____

Course Name _____

Presently residing at _____ full address _____

Mobile No. _____ E-mail id _____

hereby authorize Mr./Miss./Mrs. _____

residing at _____ full address _____

Mobile No. _____ E-mail id _____

to receive my educational documents _____ Name of Documents _____ from

examination section – Institute of Teaching and Research in Ayurveda, Jamnagar and it will be

considered to the institute as receive by me.

I attach my identity proof in support of verification of my signature and also of authorized person.

Signature of Student

Signature of Authorized Person

Place:

Date: