

## 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: