

Letter of Authority

I _____ (Name of Student)

Enrollment No. _____

Course Name _____

presently residing at _____

_____ (full address)

Telephone No.(M) _____ e-mail id _____

hereby authorise Mr./Ms. _____ Age _____

residing at _____

_____ (full address)

Telephone No.(M) _____ e-mail id _____

to act on my behalf in the matter related to verification (authentication) of my educational documents / Pay the fees / Duplicate documents / to collect original documents (Transcript sealed envelope(s) / Migration Certificate / N.O.C. / Ph.D. result / Ph.D. provisional certificate) or verified sealed envelope(s) from Examination Section – Gujarat Ayurved University, Jamnagar and it will be considered by the University as acknowledged by me.

I attach my Identity proof in support of verification of my signature and authorized person will also submit his/her Photo-ID proof.

Signature of Student with Date

Signature of Authorized Person with Date