



Bapuji education Association®

J.J.M.MEDICAL COLLEGE, DAVANGERE-577004

Authorization Letter for Collection of Original Marks Card

To
The Academic Section
J.J.M.Medical College, Davangere

Date: ____/ ____/ ____

Candidate Details:

Full Name:	
Course:	
Duration:	
Year of Completion:	
University Reg.No.:	
Aadhaar Number:	
Permanent Address:	

Candidate Photo (Paste Here with signature)	Authorized Person Photo with candidate signature on photo (Paste Here)
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Authorized Person's Details:

Name:	
Relationship to the candidate:	
Aadhaar Number:	
Address:	
Mobile number:	

Declaration: I authorize the above person to collect my original marks card on my behalf. I accept full responsibility after handover. The information provided is true.

Signature of Candidate	Signature of Authorized Person
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Enclosures:

1. Aadhar Copy - Authorized person
2. Aadhaar Copy - Candidate
3. Institutional ID Copy

PRINCIPAL