To The Controller of Examinations Assam University, Silchar

## Sub:- Letter of Authority.

Sir,	I do hereby authorize my (Relation	ship)	
Shri/Sm	ii		
Son of/I	Daughter of		
A perma	nent resident of		
Dist	State-		. Pin
Ph. No-	to receive	collect my	(Name of Degree)
Original Certificate on behalf of me as I am not in a position to collect the above mentioned			
certifica	te		
			(state reason)
	The signature ofded below duly attested by me and	•	•
(Full Si	gnature of authorized person)		

(Full signature of applicant)