

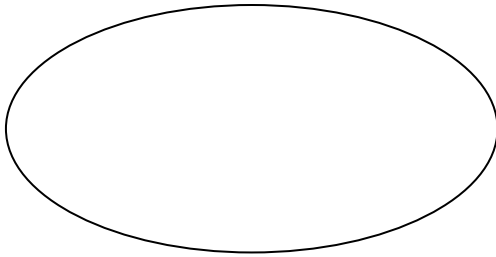
**Authorization letter to collect application form for Temporary provisional Registration with
Delhi Council for Physiotherapy & Occupational therapy**

I _____ enrollment No. _____ wish to state that due to
_____ reason I am not able to collect my application form for Temporary
provisional Registration with Delhi Council for Physiotherapy & Occupational therapy to start internship.

I may be allowed to collect this form through _____ (relation _____)
Whom I authorize hereby for this purpose.

I undertake that I am authorizing Mr./Ms. _____ to collect this form
solely on my responsibility and in case of loss of the form I will be liable to pursue reissuance of the form
as per Delhi Council for Physiotherapy & Occupational therapy & Institutes rule at my own cost &
inconvenience.

Signature of the student



Signature of authorize person

Name: _____

Address _____

Signature attested (Signature of the student)