

## Authorization Letter

From

Date:

Name :  
Enrolment No. :  
Branch :  
Postal Address :

To:

The Dean (A/A),  
NIT Manipur,  
Imphal, Manipur

Dear Sir,

I hereby authorize \_\_\_\_\_ residing at

\_\_\_\_\_ to complete all formalities and collect my \_\_\_\_\_ on my behalf.

NIT Manipur is no way responsible for any loss of the said documents after it is being handed over to the authorized representative.

Thanking you,

*(Name & Signature of the Student)*

*(Name and Signature of the authorized representative)*