

Dated: _____

AUTHORITY LETTER

I hereby authorize **Mr./Miss** _____

having CNIC No. _____, to collect my following

documents from Margalla Institute of Health Sciences, Rawalpindi, on my behalf:

1. _____

2. _____

3. _____

Three specimen signatures of Mr./Miss _____ are appended below:

Thank you for your cooperation.

Name: _____

CNIC No. _____

Signature _____