

From  
Candidate Name  
Residential Address  
Pin code  
District  
Mob No

} (**Tamil Nadu Residential Address only mention here**)

To  
The Registrar  
Tamil Nadu Dental Council  
Chennai – 600 107.

Respected Sir/Madam,

Sub: Authorization letter to collect my **GOOD STANDING CERTIFICATE** original certificate - Reg.

I, **Candidate Name** (TNDC Regn. No. \_\_\_\_\_) hereby authorize Mr/Ms/Mrs **Name** his/her Aadhaar No. \_\_\_\_\_ (to submit aadhaar colour xerox copy) to collect the following documents in my absence as I am unable to come in person due to **Mention here Reason** unforeseen circumstances. The list of the documents attached for the issuance of above said certificate copies detailed below :-

1. **Colour printout - CGS** Application form.
2. **Tamil Nadu Dental Council** Registration Certificate **Colour Xerox**.
3. **Aadhar colour Xerox** of candidate.
4. **Aadhar colour Xerox** of authorize person.

I have no objection in Mr/Ms/Mrs \_\_\_\_\_ signing the required authorized letter in my absence and his/her can collect the original **GOOD STANDING CERTIFICATE** from the Tamil Nadu Dental Council office.

Thanking you

Place :

Yours Sincerely,

Date :

**Specimen signature of (authorize person Name)**

(Candidate Signature)  
(Candidate Name)

Name :

Signature :

**Candidate Attested above Signature**

Name :

Signature :