

To

The Registrar,  
Kerala State Medical Councils,  
Red Cross Road, Thiruvananthapuram.

Dear Sir/Madam,

**Subject: Authority Letter to Collect Document(s)**

I,.....(Name).....  
.....(Address) , wish to collect .....( Name of  
document), in possession of your office.

However, I cannot be physically present to collect the document(s). I hereby authorize  
Sri/Smt.....ID Card No.....  
whose details are provided below, to collect the document(s) on my behalf. I therefore  
request you to please allow for handing over the above-mentioned document(s) to the  
person I authorize.

I hereby confirm that the details provided below are true and correct, and I take full  
responsibility for any loss or damage arising out of this.

Sincerely,

Name: .....

Signature of the applicant: .....

**Details of Authorized Person:**

Full Name: .....

Relationship with Applicant: .....

Signature: .....

Attested by the applicant

Signature of the Applicant:.