



OFFICE OF THE DEAN (ACADEMIC)
NATIONAL INSTITUTE OF TECHNOLOGY
TIRUCHIRAPPALLI - 620 015, TAMIL NADU, INDIA

Phone : +91-431-2503918, Fax : +91-431-2500133 (O/o the Director), E-Mail : degree@nitt.edu

LETTER OF AUTHORIZATION / (For Passed out Students only)

To

Dean (Academic)
National Institute of Technology,
Tiruchirappalli – 620 015

Sub: Letter of authorization to collect documents –reg.

Name	
Roll Number	
Department	
Specialization (for PG)	

Sir,

I hereby authorize _____ (*Name of the person authorized*) to act as my representative and collect following document(s) on my behalf from Office of the dean (academic), National Institute of technology, Tiruchirappalli.

1. _____
2. _____
3. _____
4. _____

Further, to state Mr./Ms. _____ (*Name of the person authorized*) is my _____ (*state your relationship with the person authorized*). In this respect a copy of my identity proof is enclosed with the application for verification at your end.

Signature of the person authorized

Thanking you,

Sincerely,

(Name & Signature of the applicant)

Enclosures:

- a) Identity proof of applicant