



DEEMED TO BE UNIVERSITY UNDER SECTION 3 OF UGC ACT, 1956

AMRITA
VISHWA VIDYAPEETHAM

Chennai Campus

337/1A, Vengal Village,
Thiruvallur Taluk & District - 601103, Tamil Nadu, India.
Ph: +91 44 35533222
ase@ch.amrita.edu amrita.edu/chennai/

Authorization Letter for Collection of Degree Certificate

I, _____ [Name of the Graduand], with Roll Number _____,
hereby authorize _____ [Name of the Authorized Person], with ID Proof
_____ [ID Proof Details], to collect my Degree Certificate on my behalf
during the Graduation Day ceremony scheduled on 30.08.2025 at Chennai Campus of Amrita Vishwa
Vidyapeetham.

I confirm that _____ [Name of the Authorized Person] is my representative
and is authorized to receive my degree certificate. I understand that I am responsible for
ensuring the authorized person's identity and legitimacy.

***Details of the Authorized Person: (Father/ Mother/Own Brother/Own Sister) ***

Name: _____

Relationship with the Graduand: _____

ID Proof: _____

***Signature of the Graduand: ***

Signature: _____ Date: _____

For Office use Only:

Recommendation of advisor and Hod

Principal 's Signature with Seal: _____

(Please note that this format is to be filled in by graduand and to be mailed to advisor/Hod/
Principal with scanned ID proof of graduand and authorized person. The hard copy of the
same to be brought by authorised person and get approval of HoD and Principal on it.)