

CONSENT LETTER

I, Dr. S/D/o.
Mr....., aged about years residing
at..... hereby express my consent to contribute
Rs.1,00,000/- (Rupees one lakh only) to Poor Patients Relief Fund at Kanachur Hospital & Research
Centre, Natekal, Mangalore - 575018 in the first year of Post Graduate course during the academic
year 2025-26. I have joined Post Graduate MD/ MS..... Course at
Kanachur Institute of Medical Sciences, Natekal, Mangalore – 575018 in the academic year 2025-
26.

Place: Mangalore
Date:

(Dr.....)

KMC Registration No.