**Power of Attorney**

 I, .................................................................................................................,

*(title, full name)*

the undersigned,

born on ................................................. in...................................................,

hereby appoint

.............................................................................................................................

 *(title, full name)*

 born on ..............................................................................................................

permanently residing ..........................................................................................

to collect my university diploma issued by Charles University, as a proof of completion of doctoral study programme ....................................................................... at the Second Faculty of Medicine including the Diploma Supplement and to all acts related to receiving the diploma and to perform on my behalf any other related tasks.

The power of attorney is issued in English language.

In.................................... on.........................................

 ………………………………………………

 *(signature)*