**Power of Attorney**

I, signed below, …….......................................................................................................,

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

resident in…………………………………………………….………..…………......…………….….,

give a power of attorney to Mr/Mrs ................................................................................................................................................

born on .................................................................................................................................,  
resident in……………..……..………………..…………….............................................................

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all acts relating to enrolment in studies at the Second Faculty of Medicine of Charles University.

In.............................................. date.................................

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*signature*