

Sample!

POWER OF ATTORNEY

I,(Principal's name) citizen of
....., address: (state, town, passport, (identity card),
series.....N.....validity – date of expiry

EMPOWERED

.....citizen ofa permanent resident
in R Bulgaria, address....., identity card N.....issued
on.....by.....date of expiry.....to do on behalf of myself
and at my expense as follows:

1. To submit my documents for enrollment as a student in R Bulgaria at the medical universities in the towns of Sofia, Plovdiv, Varna, Plevan, Medical faculty at Sofia University "St. Kliment Ohridski" and Medical University – Thracian University.
2. To sign on behalf of myself all the documents needed and missed to be signed for the enrollment as a student in the higher schools listed above.

When performing his obligations my lawful attorney is obliged always to secure the interest of the principal and to work in his interest.

This Power of Attorney is without a time limit and can be terminated by the Principal at any time and in any manner.

PRINCIPAL:.....(name and signature in handwriting)