



SVERIGES AMBASSAD

New Delhi

Power of Attorney

By this document I, the undersigned, do hereby grant a limited and specific power of attorney to

Name **Saurabh Gautam Raye**
Address **Tata Consultancy Services Sverige AB,
Mastersamuelsgatan 42, 111 57 STOCKHOLM, SWEDEN.**

as my attorney-in-fact.

Said attorney in-fact shall have the authority and power to undertake only the following acts on my behalf: read all documents, accept information about decisions, appeal against any denial of application, and otherwise represent me and plead my case in connection with my application for a residence permit in Sweden

Place and date **BALABHADRAPURAM, 06-OCT-2022**

Signature

On behalf of **KOLLI JASITHA**

Father Name : **KOLLI APPALA NAIDU**

Mother Name : **DASARI RENUKA**