CONSENT FORM FROM GUARDIAN/ PARENTS FOR OFFLINE CLASSES

<u>Subject: Letter of Consent for offline Classes</u>

Respected Sir,	
	er/ Mother/ Guardian ofRoll No. En No
Resident of	
Do hereby allow my son/ daughter to atto amid COVID-19.	end the college commencing with effect from 11/01/2021
I under take that –	
 infection with my ward. I shall not I ensure that my daughter/ son social distancing and hygiene to e I ensure that my daughter/ son shall the COVID-19 by taking proper professed. I shall provide a face mask and leguidelines of the Government. I accept full responsibility for expenses of my ward. I affiliate college for the thermal and in case any adverse/ alarmin from the college. 	all follow the Government rules as time to time regarding
Dated: Place	Signature of Parent/ Guardian Name
	Mobile No

Allowing Authority

Dean (Academics)/ Director