UNDERTAKING FORM

DECLARATION BY THE PARENT / GUARDIAN

I,	Parent/Guardian of			
studying in UG	Sem (Batch:) bearing Roll No.:	allow my son/daughter/ward	
to participate in the	event/activity			
at (<i>place</i>)	sc	cheduled on	, at my own risk and responsibility.	
I also declare that the	e signature affixed on	this form is genuine, and all	I the details submitted are true.	
		Signature / Thumb	Signature / Thumb impression:	
		Name of the Paren	Name of the Parent/Guardian:	
		Address:		
		Contact No.:		
		Date:	Place:	
	DECLARATIO	N BY THE PARENT	/ GUARDIAN	
I,		Parent/Guardia	un of	
			allow my son/daughter/ward	
to participate in the	event/activity			
at (place)	scheduled on		, at my own risk and responsibility.	
I also declare that the	e signature affixed on	this form is genuine, and al	l the details submitted are true.	
		Signature / Thumb	o impression:	
			nt/Guardian:	

Date: _____ Place: _____