

**Parental Permission and Consent Form**

Name of your ward studying in VPP \_\_\_\_\_

Branch/Dept/Programme and semester  
\_\_\_\_\_

Name of the Father: \_\_\_\_\_ Mobile No. \_\_\_\_\_

Name of the Mother: \_\_\_\_\_ Mobile No. \_\_\_\_\_

Name of the Guardian: \_\_\_\_\_ Mobile No. \_\_\_\_\_

E-Mail Id of Parent/Guardian \_\_\_\_\_

Address for Correspondence: \_\_\_\_\_

Permanent Address \_\_\_\_\_

I am aware of the prevailing conditions due to the Pandemic COVID-19. I am willing to permit my ward to attend offline classes in the college premises. My ward will abide by the norms and Standard Operating Procedures laid down by the Govt of Karnataka and the college authorities.

I assure your good office that my ward is not suffering from any of the symptoms of Covid-19 and my ward will also abide by the rules laid down pertaining to the Standard Operating Procedures. In case my ward develops any symptoms or illness I will immediately bring it to the notice of the college authorities.

Yours sincerely,

\_\_\_\_\_

( )

Date: