Undertaking to be submitted by the student before proceeding for the Rural Internship activity

Name:School:	Program:
School:	
	(Parents)
Semester: Division: Telephone No. (Student):	(1 dicits)
Parents Name & Address:	
Duration of the Rural Internship from:	
Name & Address of the Village/NGO for Rural Internship:	
Undertaking I, Undertaking to undergo rural internship for partial fulfillment of my	
1. I will abide by all the rules and regulations of the concerne being done) / local authorities during my stay in the aforesaid	,
 I further affirm that any medical /misfortunate or other Internship period shall be only my responsibility and the It liable at all for the same. In every act during my stay of Internship, I will uphold the red. I have taken necessary permission from my parents. 	nstitute /University/ Trust/Staff shall not be
The above details filled by me are correct and authenticate.	
	Signature of Parents/Guardian Date: