## Dr. K. N. MODI UNIVERSITY



10	Date:
The President (V. C.),	
Dr. K. N. Modi University,	
Newai, Rajasthan.	
Sir,	
I,	, Father/Mother/Guardian of Mr./Ms
pursuing B.Arch. in yearsemest	er hereby affirm that I have no objection in sending
my ward for education trip to Secunderab	ad and Visakhapatnam from 15 <sup>th</sup> February to 24 <sup>th</sup> February
2017.	
I shall instruct him/hor to strict	y follow the discipline and shall not hold Dr. K. N. Madi
i shall instruct him/her to stricti	y follow the discipline and shall not hold Dr. K. N. Modi
University responsible for anything arising of	out of the failure of the students to follow the instruction.
Date:	
Location:	
Signature of the Parent/Guardian:	
Name of the Parent/Guardian:	
Contact:	