## **UNDERTAKING BY PARENT**

## (FOR HOSTEL RESIDENTS ONLY)

I/We Robert Doe F/o, M/o SahilKadu who is studying in Program BBA and residing in Hostel in Room No. I/We will cooperate with the Hostel Authorities and the Hostel Authorities. I will be available on call and take care of my ward, as and when required. The details of Local Guardian/Visitors (if any) are as follow:  F/o, M/o, SahilKadu Branch CSE have read and understood the Rules and Regulations and information, if any, of my ward to provide all information, as and when required. The details of my ward, as and when required.
Details of Local Guardian / Visitor(s)
Name of Local Guardian Bochu Srinu
Relation with the student Uncle
Occupation Farmer
Permanent Address
Bhilai Road , Kumhari, Raipur
Phone No. (Landline/Mobile) 9087656432
Photo ID of father self-
attested
Photo ID of mother self- attested
ditested
Photo ID proof of Local Guardian attested by
Parent
I hereby undertake that myself and my ward are duly bound to follow the norms of IFIIE, Hyderal Student Conduct
and Discipline Rules, 2018 and Hostel Rules and Regulations 2018 while inside/outside campus.
Name of Parent Robert Doe
Signature
Email ID <u>kurmalapravallika@gmail.com</u>
Mobile No 9248658331

## **Enclose:**

- Two passport size self attested photographs of Father and Mother.
- Two passport size self attested photographs of Local Guardian.
- Xerox copy of photo ID of Local Guardian duly attested by Parent.