

**UNDERTAKING OF THE PARENT / GUARDIAN**

I, Mr./Mrs. Robert Doe , aged 45 years, address

Bhilai Road , Kumhari, Raipur

**✓ Parent**

parent/guardian of SahilKadu, (001) (Full name of the student with Admission/Enrollment Number) studying BBA program in IFHE, Hyderabad and staying in Hostel, hereby authorize the University to allow my ward to leave IFHE Campus with proper and prior intimation / permission of the authorities while studying at the University.

I undertake full responsibility for all his / her actions whilst he/she goes out of the Hostel/University campus.

Further, I/We authorize, Mr./Mrs. Bochu Srinu , aged 26 years, Address

Bhilai Road , Kumhari, Raipur

as the LOCAL GUARDIAN of my ward. My ward may avail leave and go to the above mentioned LOCAL GUARDIAN'S place as per the approved leave regulations of the University.

Signature of the Parent/Guardian

Date:

Place: