

**Parent's Consent Form**

To

The Warden

\_\_\_\_\_ MSA \_\_\_\_\_ Bhawan

BITS Pilani, Pilani Campus

Dear Madam/Sir,

I, mother/father of \_\_\_\_\_ Aryan Agarwal \_\_\_\_\_ bearing ID Number \_\_\_\_\_ 2024H1540862P \_\_\_\_\_,  
am aware of my child applying for leave from \_\_\_\_\_ 08/08/2025 \_\_\_\_\_ to \_\_\_\_\_ 11/08/2025 \_\_\_\_\_.

Kindly grant her/him leave for the above-mentioned time period.

I understand that this leave is granted with the assumption that my child is solely responsible for all  
the academic assignments of the respective courses that s/he is currently enrolled in.

Thanking You,



\_\_\_\_\_  
(Signature)

Full Name: Sudarshan Agarwal

Place: Nashik

Date: 07/08/2025

Mobile Number: 9371522413