

To,
Director,
Shivalik College of Engineering,
Dehradun.

CONSENT

I / We, Smtmother and Shri
.....father having residential address at.....

.....being
the legal guardian and parent of (Name of
the Student) studying in Programme..... Year/Semester
..... is having Enrolment / ERP id(for First Year only)
No..... hereby give my/our consent to allow my son/daughter to attend
the resumption in activities in College with effect from.....

I/We, am /are aware of the COVID-19 pandemic and its symptomatic and safety
protocols and assure that my son/daughter will obey and observe all the COVID-19
safety protocols as per the instructions of the College and Health authorities, based on
the MHRD and U.K. State Government guidelines issued vide order no
394/USDMA/792(2020) Dated 02-08-2021, I hereby permit my son/daughter/ ward to
attend the regular classes during the COVID-19 pandemic and the College authorities
will not be responsible if my son/daughter is contaminated by any COVID-19 symptoms
while attending the regular classes. I do hereby confirm that my son/daughter will
compulsorily wear face masks within the campus and follow the COVID-19 protocols
such as hand washing, using Sanitizers and maintaining social distance.

Full Name and Signature of Mother: _____

And/ Or

Full Name and Signature of Father: _____

Contact Number in case of Emergency._____

INDEMNITY BOND BY PARENTS
(On Rs. 100/- Non-Judicial Stamp Paper Duly Notarized)

I, _____, S/O _____
R/o _____ father of Mr./Ms. _____,
hereby affirm that my son/daughter has taken admission in _____ program of
_____ (Name of Institute/ School/ College) in the Academic Year
2021-2022, bearing Registration No. _____.

I hereby declare that no criminal case is pending or contemplated against my son/daughter in any Court of Law and I declare that if anything contrary is found I and my son/daughter shall be solely responsible for the consequences arising therefrom including cancellation of my son/daughter's admission/expulsion from the Institute.

In addition, I affirm that I & my ward are aware of the Government of India Acts/Laws/Regulations of statutory bodies with respect to Ragging, Narcotics, Alcohol and other psychotropic substances and the same has been clarified by me to my ward.

Further, I have understood that my son/daughter shall be required to participate in all activities beyond class rooms which the Institute/University shall arrange, requiring travels within and outside the country, such as industrial visits, educational tours, field works, seminars, conferences, workshops, quiz/technical competition, cultural programs, sports, training programs, to present research papers and such other curricular, co-curricular and extra-curricular activities.

I hereby affirm that I have gone through the rules, regulations and guidelines with regards to academics, examination, hostel, discipline, sports facilities, tours and all other activities, as notified by the Institute. I fully understand that all these notifications and such other guidelines and norms, as may be notified by Institute, Government of India and statutory bodies from time to time are to be followed by my ward in true spirit, during entire tenure of my ward with the Institute.

I affirm that my ward has taken the required immunization precautions and he/she is not suffering from any communicable diseases. I also affirm that my ward is not suffering from any serious health illness, including mental illness.

I further affirm that I shall keep the Institute indemnified and shall hold Institute and its parent body, the management and their employees/officials harmless, from every type of mishaps, unfortunate incidents/accidents, loss or damage(s) which may arise out of any of such activities aforesaid stated.

Further I shall indemnify Institute, the management and its employee/officials against any loss and/or damages caused due to any undesirable action on the part of my son/daughter and any admissible claims arising out of such actions.

Signature of Indemnifier _____

1. Signature of Witness _____ 2. Signature of Witness _____

Name: _____ Name: _____

Address: _____ Address: _____

Date: _____ Date: _____