INDEMNIFICATION UNDERTAKING BY PARENT

I, ANJANI KUMAR AWASTHI, father/ guardian of PRIYANKA AWASTHI , student of Symbiosis Centre for Management and Human Resource Development, a constituent of Symbiosis International (Deemed University) do hereby declare and undertake as follows:

1. My son / daughter / ward is pursuing MBA - SCMHRD at Symbiosis Centre for Management and Human Resource Development

2. I understand and agree that University and / or Institution and/or its Authorized Representatives have no control on activities, which my son / daughter / ward decide to engage him / herself voluntarily. He / She should not engage himself / herself in activities which may cause injury to his / her person or property.

3. In case, any injury is caused to person / property of my son / daughter / ward due to his / her involvement / engagement in any manner in any activity, which is not authorized by University and / or Institution or on which University and / or Institution does not have any direct / indirect control, which may or may not be during the course of performing authorized activities like participation in sports events, presentation, study excursion tour, presentation out bound program, etc. then in such case entire responsibility rests upon my son / daughter / ward and I undertake that I shall not hold University and / or Institution responsible for causation of such an injury.

4. I have been given to understand by my son / daughter / ward that Symbiosis also promotes sports, because it believes in the principle of "sound mind in sound body". The participation in regular sports features or tournament is completely voluntary.

5. I am well aware that any sport event has some inherent risks involved in it. I am also aware while playing some sports, accidents may occur. However, since my son's / daughter's / ward's participation to regular sports features of the Institute / University or any specific tournament is completely voluntary, I shall not make any claim for any amount as compensation or otherwise due to any injury caused to person or property arising out of voluntary participation of my son / daughter / ward.

6. I also understand that in case any injury is caused to my son / daughter / ward, certain medical procedure need to be performed by hospitals or other specialized health care centers, to address the medical problem. In certain cases a consent is required to perform the required medical procedures. I also understand that any delay in producing the consent may prove to be fatal for my child and under any circumstances medical treatment should not be delayed for want of my consent.

7. I, therefore, in interest of my child authorize the Symbiosis International (Deemed University) and /or the Institution and/or any person designated University and/or Institution, to give consent for me and on my behalf to perform the medical procedures on my son/ daughter/ ward.

8. I shall stand by this authorization and shall not hold Symbiosis International (Deemed University) and /or the Institution and/or any person designated by the University / Institution responsible / liable for giving consent.

9. Symbiosis has insured my son /daughter/ ward to meet the medical expenses to Rs. 50,000/- in case of non-accidental emergencies (as per the Mediclaim Insurance Policy)& Rs.1,00,000/- in case of Rail/Road Traffic accidents. But it may happen that in all cases the insurance policy may not be honored, hence the University/Institution may have to incur the expenses. I undertake to pay the total amount within 15 days of demand by the Institute.

10. I, hereby authorize SIU/ SCHC/ Symbiosis Society to seek information relating to treatment / hospitalization of my ward during his / her studentship with SIU.

11. I shall stand by this authorzation and shall not hold Symbiosis International (Deemed University) and /or the Institution and/or any person deignated by the University / Institution responsible / liable for giving consent.

Hence this Undertaking and Authorization.

Date: 21-Mar-2020

Place: RANCHI

Signature of the Parent

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