

UNDERTAKING

For the Academic Year 2024-25

To
The Principal
Karnataka (Govt.) Polytechnic
Kadri Hills
Mangaluru-575004



Subject: Undertaking for Internship

I, _____, a student of Diploma in Computer Science & Engineering, enrolled with Register Number: _____, hereby submit this undertaking in connection with the internship, which is a part of the Diploma Curriculum, and my participation in various activities aimed at enhancing my technical and communication skills for better career opportunities, as well as traveling within or outside Mangaluru.

1. No Claim against the Authorities

I understand and agree that neither I, nor any nominee or legal representative, will make any claim against the Government of India, the Government of Karnataka, the Principal, Program Coordinator, or any staff member of Karnataka (Govt.) Polytechnic, in respect of any loss or injury to my property or person (including injury resulting in death) that may occur during the course of the internship or related activities.

2. No Compensation

I acknowledge that no compensation will be provided by the Government of India, the Government of Karnataka, or any officer for such loss, injury, or damage.

3. Responsibility for Negligence or Misbehavior

In the event of any damage to property or injury to any person in the industry due to my negligence or misbehavior, I accept full responsibility and agree to bear the consequences.

4. Voluntary Execution of the Undertaking

This undertaking is executed voluntarily, without any pressure, undue influence, or threat, and I affirm that I fully understand the contents of this document.

Date:

Sign. of the Student:

Contact Number:

Name:

As a parent/guardian, I also confirm that this undertaking has been executed voluntarily by my ward, and I am fully aware of the contents of the document. The content of this undertaking has been read out to me in a language that I understand, and I acknowledge it as true and correct. I give my consent for my ward to undergo internship for his/her better future and academic career.

Name of the Parent/Guardian:

Address:

Date:

Signature of the Parent/Guardian

Contact Number:

Signed by the applicant in my presence.

Witness No. 1:

Signature

Name

Address

Witness No. 2:

Signature

Name

Address