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Dr. AMBEDKAR INSTITUTE OF TECHNOLOGY
Outer Ring Road, Malathahalli, Bangaluru-560 056, Karnataka, India



Consent form for NSS Camp

I (Parent/Guardian) _____, grant permission for my child, (Student name) _____(USN) 1DA_____, to participate in the **NSS Camp at Boodipadaga , Chamarajanagar District** from **11/01/2024 to 13/01/2024**.
As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the (Student name) _____.

Staff members accompanying the students for the programme :

1. Dr. R. Murali, Placement and NSS officer.
2. Dr. S. K. Rajendra, Associate Professor, Department of IEM.
3. Dr. Shivaprasanna. G. S, Assistant Professor, Department of Mathematics.
4. Dr. Mohan Kumar. B, Assistant Professor, Department of ME.
5. Ms. Pratibha D. S, Assistant Profesoor, Department of HS.

Signature of Parent/Guardian : - _____

Date and Place : - _____