**Parent / Guardian Consent Letter**

I/we parent/guardian of \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_, Date of Birth: \_ \_ /\_ \_ /\_ \_ \_ \_. We do hereby give our consent for her to participate in the training program “**Young Computer Professionals Certificate Training Program**” arranges by Good Neighbors Bangladesh Head Office for 6 weeks starts from 01st July, 2018. Any Acts of his/her beyond the regulations of Good Neighbors Bangladesh shall be sole responsibility of mine.   
  
Parent/Guardian Name: \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_\_  
Relation with candidate: \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_  
NID Number: \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_  
Mobile Number: \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

Parent/Guardian Signature: \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

Signature Date: \_ \_ \_ \_ /\_ \_ \_ \_ / \_ \_ \_ \_ \_ \_ \_ \_ \_

Present Address:  
Village: \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_,P.O: \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_,   
P.S: \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ , District: \_\_\_\_\_\_\_\_\_\_ \_ \_ \_ \_ \_ \_\_\_ \_ \_  
  
Permanent Address:(If both are same no need to fill-up)  
Village: \_ \_ \_ \_ \_ \_ \_\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_, P.O: \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_,   
P.S: \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ , District: \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

* Training Program is including of accommodation and food in the GNB Head Office Premise.
* TA/DA or any kind of financial benefit will not be given for the participants.
* Any changes to the schedule can be made by GNB.
* Weekly 5-day class, Fridays, Saturday and Govt. Holiday for self-practice or rest.
* Candidate could stay in ICT education project, GNB provided accommodation.