

Undertaking by Parents

I hereby confirm that my ward Mr./Ms. K. Vishwa Teja
bearing the student ID 44325 of B.Tech DS program registered for
the A. Y 2023-2024.

Letter of Consent:

I, father/ mother/ guardian, of the student, batch, section, request you to permit my child/
ward/ son/ daughter to leave the campus on date and time for the purpose
of xxxxxxxxxxxxxx. My child/ward/son/ daughter shall return on the date and
time. (Signature below)

Outing & leave are permitted only during university leave declared for festivals, national
holidays, and weekends.

The Parents/Guardian confirms the following,

1. I assure you that it is my responsibility for my ward during the outgoings and have been
informed of the same by the university officials.
2. I firmly insist my ward not to deviate from the campus policy and adhere to the rules
and regulations meticulously.

Date: 11/7/25


Parents Signature

Father Name, Email & Mobile Number	K. Madhukar	madhukar@ gmail.com	9440228957
Mother Name, Email & Mobile Number	K. Vani	vani1490@ gmail.com	8790132809
Student Name, Email & Mobile Number	K. Vishwa Teja	vishwaTeja.k. -2027@uov.edu.in	9032827123