



||Jai Sri Gurudev||  
Sri AdichunchanagiriShikshana Trust (R)  
**SJB INSTITUTE OF TECHNOLOGY**

(Affiliated to Visvesvaraya Technological University, Belagavi & Approved by AICTE, New Delhi)  
No. 67, BGS Health & Education City, Dr. Vishnuvardhan Road, Kengeri, Bengaluru-560060.



**PARENT CONSENT FORM**

1. As a Parent agrees to abide by all Rules and Regulations promulgated by the Institution concerning COVID-19 or related issues as amended from time to time. Further, college preparatory ("SJBIT COVID SOP"), shall be promulgated by placement on the website, via email if necessary.
2. We, the Parents understands and consents to SJBIT taking Student's temperature and observing Student for Symptoms and if any Symptoms are present we shall arrange for immediate movement of the Student from the premises of SJBIT and shall look to COVID SOP daily for any changes.
3. During the stay of the ward in the college if he/she is sent home owing to medical reasons, then the college holds no responsibility.
4. The risk of becoming exposed to or infected by COVID-19 and voluntarily agrees to assume all of the foregoing risks and accept sole responsibility for any complaint to Student due to covid-19 during his/her stay in SJBIT premises.

1	<b>Student Name (in Capital Letters)</b>	
2	<b>Semester:</b>	
3	<b>USN</b>	
4	<b>Branch</b>	
5	<b>Mobile No.</b>	
6	<b>Mail ID</b>	
7	<b>Parent Name</b>	
8	<b>Parent Mobile No.</b>	
9	<b>Place of stay</b>	
10	<b>Parents WILLINGNESS to send their wards to Campus (Tick appropriate box)</b>	
	<b>We Are Ready To Send Our Ward to the College</b>	<b>YES / NO</b>
	<b>We Prefer Online Classes</b>	<b>YES/ NO</b>
	<b>Our Ward was staying in the Hostel &amp; would like to continue to stay in the Hostel</b>	<b>YES / NO</b>
	<b>Our Ward was staying in PG outside the campus, Now willing to opt for Hostel (subjected to the condition)</b>	<b>YES/NO</b>
	<b>Parent's / Guardian's SIGNATURE with Date</b>	

Note: If your ward is willing to attend offline classes; it is mandated to submit RT-PCR / Covid 19 Negative Report three days prior to the commencement.

That the above undertaking is voluntary and with our free will and consent

Date: \_\_\_\_\_

Place: \_\_\_\_\_

Signature of Parent's/Guardian