

**Parent's Consent form  
(For attending Institute)**

To,  
Dean  
HIMSR & HAHC Hospital  
Guru Ravidas, Marg, New Delhi-110062

**Subject: Consent regarding attending Institute by my ward.**

With reference to the subject mentioned above, I.....,  
Father/Mother/Guardian of.....(name of  
student), MBBS, Batch-.....Roll No.....Enrollment Number.....  
am hereby pleased to give my consent and allow my ward to attend the institute for classes  
and related activities. I will send my ward to institute wearing mask and sensitize him/her to  
maintain social distancing, sanitize his/her from time to time, follow COVID appropriate  
behavior (CAB), not to share books, note-books, stationary items, tiffin box et.c.  
I will also ensure that I shall not send my ward to institute in case my ward or anyone in the  
family is suffering from COVID-19 symptoms.

Date:.....  
Place:.....

Signature of Parents/ Guardian.....  
Parent/ Guardian's Name.....  
Student Name.....  
Address.....  
.....  
Mob. No.....