

DOABA COLLEGE, JALANDHAR

Parent's Consent Form

I.....S/o-D/oSh.....
R/o.....Tehsil
.....District.....Declares that my
ward.....is a student of Class.....
Semester..... in Doaba College, Jalandhar.

I am fully aware of and understand the COVID-19 guidelines of Government/Health Department. I hereby give my consent to send my ward for studying practical subjects in the college, as per the guidelines issued by government. I will myself be responsible for any issue regarding COVID-19.

Kindly allow my ward to attend the college.

Date:

Student's Name and Signature

Parent's Name and Signature