

**PIEMR CONSENT FORM FOR ATTENDING CLASSES ON
CAMPUS**

As you are aware that the new academic session is going with respect to this, we request the parents to give consent to their wards to attend classes on PIEMR campus.

COVID-19 CONSENT FORM

I herewith give my consent to my ward by name (Student Name) _____
bearing Enrollment No. _____ Studying in _____
semester of the Branch _____ to attend the
classes on the college campus. I also assure the college authorities that my ward will follow
all protocols / Standard Operating Procedures given by the College/University/ Government
with respect to COVID-19 pandemic.

Student's Name: _____

Signature of Student: _____

Contact number of Student: _____

Name of the Parent: _____

Parent Signature: _____

Contact number of Parent: _____

Address: _____

Date: _____