

CONSENT LETTER

:For Undergraduate students belonging to MBBS course

GULBARGA INSTITUTE OF MEDICAL SCIENCES, KALABURAGI		
1	Student Name	
2	Parent/ Guardian Name	
3	Semester Number	
4	Batch Name	
5	Student Mobile Number	
6	Parent Mobile Number	
7	Parent Address	
8	RT-PCR Test Date & Time	
9	RT-PCR Test Result	

I the under signed, Mr/Mrs_____ do hereby give consent that I am willing to send my son/ daughter_____ to attend offline classes at GIMS, KALABURAGI. My son / Daughter has undergone the prescribed COVID-19 RT-PCR Test. I have advised that during his/ her presence in the institute, to strictly follow all the COVID-19 safety protocols like personal hygiene, social distancing, hand washing and wearing mask prescribed by the Government and by University. I have also instructed my Son / Daughter to notify the class representative, warden and principal in the event of development of symptoms related to COVID-19.

I shall take full responsibility for the conduct of my son/ daughter with respect to the guidelines for COVID-19 pandemic, within the college campus and hospital during the academic activities.

The Institute shall not be responsible for any untoward consequences that may arise due to attending offline classes, clinical postings, practical's or any academic activities.

Student name & signature

Father/ Mother/ Guardian Signature

Date:

Place: