

Date: _____

To
The Director
Pharmacy Wing
Lachoo Memorial College of Science and Technology (Autonomous)
Jodhpur

Subject: "Letter of Consent-COVID-19 Pandemic".

Sir,

I, _____(Name of parent) hereby give my consent for my ward _____ Studying in Class _____ to attend the classes in the college from _____.

I understand that this is purely on a voluntary basis. I also assure that my ward will strictly adhere to the safety measures.

I am acquainted with the SOP/Guidelines defined by the Govt. of Rajasthan (For COVID-19 Pandemic) for attending the classes in college and take the sole responsibility for the same.

Yours sincerely,

(Signature of parent)

Name:

Address:

Parent Mobile No.-