

JIIT NOIDA

RE-OPENING OF CAMPUS

PARENT CONSENT FORM

Enrolment / Application No. of Student	
Name of Student	
Name of Parent	
Program & Branch	
Day Scholar / Hosteller	
Mobile Number (Student)	
Mobile Number (Parent)	
Contact Person Name in case of Emergency	
Contact Number in case of Emergency	

- (i) Through this letter I,(parent) give my consent to send my Son / Daughter (student name) to JIIT Noida Campus for conduct of academic activities in Odd Sem 2021.
- (ii) I have given my ward complete understanding of the COVID-19 guidelines which are to be followed at the time of attending classes at JIIT.
- (iii) I have also given my ward complete understanding of safety measures such as using of face masks, maintaining social distance, washing hands and informing medical authorities in case of being unwell.
- (iv) My ward is vaccinated and will produce the COVID-19 vaccination certificate on reporting to JIIT / My Ward is under 18 years of age and will get vaccinated as per Govt guidelines.
- (v) My ward does not have any symptoms eg. Fever/ cough/ breathlessness/ sore throat / runny nose/ body ache as on date.

Student's Signature

Date

Signature of Parent

Date