

NIGHT OUT CONSENT FORM

I _____, mother/father of _____
would like to you permit my ward to take night outs during the current
semester, as a hosteller, as and when required without any further intimation
from me.

Signature of Parent: _____

Name of Parent: _____

Mobile No.: _____

Email address: _____

Signature of Student: _____

Name of Student: _____

Mobile No.: _____

Email address: _____