## **SELF DECLARATION FROM THE PARENT**

I hereby give my consent to my ward to attend the theory and practical classes at IHMCT, Kovalam. I hereby declare that my ward will follow the Covid 19 guidelines and protocols of the Institute and obey the instructions from the Institute also. I confirm that neither I nor my family members have no symptoms of COVID-19, nor are we in Quarantine; nor our house is in a Containment zone.

Ivalli	e of the student			 	 cor io	٠	• • •		 	 	 ٠	 ٠	
Cours	se	:		 	 				 	 	 	 	
Name of the Institution :				 	 				 	 	 	 ٠.,	
					-								
	Name of the Par	ent	:		 				 	 	 	 	 
Signature of the Par		Paren	t:		 			• • •	 	 	 	 	 
	Phone Number		:		 				 	 	 	 	 
Date													

July July