

INSTITUTE OF HOTEL MANGEMENT AND CATERING TECHNOLOGY  
KOVALAM, TRIVANDRUM

**SELF DECLARATION FROM THE PARENT**

I hereby give my consent to my ward to attend the 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.

Name of the student : .....

Course : .....

Name of the Institution : .....

Name of the Parent : .....

Signature of the Parent: .....

Phone Number : .....

Date : .....