**Letter of Consent**

I hereby give my consent to allow my ward, \_\_\_\_\_\_\_Name of student\_\_ , Department / Programme \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Enrollment number  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, to appear in the end term examination in an offline mode to be held in the  month of (month), (year). She/he may be allowed to stay at the university hostel. As  of now my ward and no one in my family is COVID-19 positive.

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| Date:  | Signature of Father / Mother:  |
| Place:  | Name of Father / Mother: |