

### **PARENTAL CONSENT FORM**

To  
The Principal  
Government Aizawl College  
Sikulpuikawn, Aizawl

I, Mrs./Mr. \_\_\_\_\_ by signing this form, give my consent to let my daughter/son \_\_\_\_\_, Semester \_\_\_\_\_ Roll No., \_\_\_\_\_, Core/Subject \_\_\_\_\_ to attend the offline class in the college. I understand that if my daughter/son is infected with COVID-19 the college will not bear any responsibility.

Name of Parent(s)/Guardian and Signature \_\_\_\_\_

Home Address \_\_\_\_\_

Contact No. \_\_\_\_\_

Date \_\_\_\_\_

Place \_\_\_\_\_

### **NU LEH PATE REMTIHPUINA**

To  
The Principal  
Government Aizawl College  
Sikulpuikawn, Aizawl

Kei Pi/Pu \_\_\_\_\_ hian ka fanu/fapa \_\_\_\_\_, Semester \_\_\_\_\_, Roll No., \_\_\_\_\_ Core/Subject \_\_\_\_\_ hi offline class kal turin ka remtihna leh hriatpuinaa college lo kal a ni a. Hrileng (COVID-19) lo kai palh pawh nise college thuneitute'n mawh an phur lo ang tih ka pawm bawh e.

Nu/Pa/Guardian Hming leh Signature \_\_\_\_\_

Veng/Khua \_\_\_\_\_

Contact No. \_\_\_\_\_

Date \_\_\_\_\_

Place \_\_\_\_\_