

OFFICE OF THE PRINCIPAL, MAULANA AZAD MEMORIAL COLLEGE,

(A CONSTITUENT COLLEGE OF CLUSTER UNIVERSITY OF JAMMU) Dr. B.R. AMBEDKAR ROAD, JAMMU- 180006 (J&K UT) – INDIA



PROF. DR. G.S RAKWAL PRINCIPAL



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CONSENT FORM

Date:

INSTRUCTIONS TO FILL THIS FORM:

- 1. Form to be filled only **by parents**, duly signed and submitted to the Teacher concerned.
- 2. Form to be submitted within two days of the announcement of Picnic.
- 3. For any concerns or clarifications, send an email to <u>mamcollege1954@rediffmail.com</u>.

I have no objection in sending my Son/Daughter Mr./Ms._____studying in

BA/BSc/BBA/BCA, Semester ------with University Roll Number -----for

the one day picnic to _____ (Place)on----- Date(s) of the picnic.

Declaration by the Parent.

- 2. That the College shall not be held responsible in the event of any mishappening.
- 3. That I shall undertake full responsibility for all the consequences during the period of picnic and my son/daughter shall obey all the instructions of the staff members who are accompanying the picnic and I have advised my ward to follow the Code of Conduct and adhere to the norms specified by the College at all times.

Signature of Father/ Mother

Name of the Father/Mother:	
Contact Address:	
Mobile No. of Father:	
Mobile No. of Mother:	
Mobile No. of student:	