

CONSENT FORM
BILASIPARA COLLEGE ::: BILASIPARA

To

The Principal
Bilasipara College, Bilasipara

CONSENT

I Sri/Smti Father's/Mother's Name, father/mother having residential address at Vill/Town _____ P.O. _____, P.S. _____, in the District of _____, Pin- _____, being the legal guardian of Student's Name studying in **Class XI / XII (Stream Arts / Science)** having **Student ID** _____ in Bilasipara College, hereby give my consent to allow my son/daughter to attend the partial resumption in activities in the College for the students of Class XI & XII w.e.f. 21st September, 2020 on a voluntary basis for taking guidance and counseling from the teachers.

I am aware of the COVID-19 pandemic and its symptomatic & safety protocols and assure that my son/daughter will obey and observe all the COVID-19 safety protocols and guidelines based on the Orders issued by Govt. of Assam, Secondary Education Department and Assam Higher Secondary Education Council vide Order No. ASE.01/2020/Pt-II/18 dated, Dispur the 16th September, 2020 and Order No. AHSEC/EST/Misc./pt-II/93/2K/1298 dated 19-09-2020.

The above information is true to my knowledge and I shall be liable for punishment or panel action as per Rules if the information furnished by me is found to be false and fabricated in any nature at any point of time.

Signature of the Student

Signature of the
Father/Mother/Guardian
Contact No. _____