

## **DECLARATION BY PARENTS**

I..... **F/O / M/O** of .....

hereby declare that my ward is not suffering from any **Medical, Surgical, Psychiatric or Behavioral** issue. In case if the same are diagnosed during the professional course, I will cooperate with the College authorities to provide best treatment / counseling option for my ward.

**Signature of Parents**

**Name :** \_\_\_\_\_

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

**Email Add:**\_\_\_\_\_

**Permanent Address:**\_\_\_\_\_