



Shri Shankaracharya Institute Of Professional Management & Technology

P.O. Sejbahar, Mujgahan, Raipur (C.G.)

Phone No. 0771-2120666, 2120777 Fax. 0771-2120555

UNDERTAKING

(To be filled up by the student for seeking permission to participate in Seminar
/Workshop/Techfest/Industrial Visit/Tour /Training/Sports or Cultural Program)

I want to participate in -----being organized at
----- from ----- to -----.

I am going on -----/going to participate in -----
-----entirely at my own risk.

During the above period I shall take care of myself and my belongings. I shall behave in a responsible and disciplined manner and I shall obey the rules and regulations of the institute where I am going to participate in the event.

I shall myself be responsible for any loss of my belonging and for any damage (including injury, disability or mortality) to me caused due to any type of accident, if any occurs, and SSIPMT will not be responsible in any manner for this.

I give my consent

Signature of student-----

Name-----

(Signature of Parents/Guardian)

Semester & Branch-----

Mobile -----

Address of
Parent / Guardian-----

Phone/Mobile No. of Parent/Guardian-----

Permitted on above condition

(HOD)

Counter-Signed

(Director)