



# Shri Shankaracharya Institute of Professional Management & Technology

Old Dhamtari Road, P.O. Sejbahar, Mujgahan, Raipur ( C.G.)  
Phone No. 0771-2120666, 2120777 Fax. 0771-2120555

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## UNDERTAKING

Date: .....

To,

Shri / Smt. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

This is to inform you that till \_\_\_\_\_, the attendance of your ward is \_\_\_\_\_ % which is less than **85%** as prescribed by the University. If your ward fails to make up his / her attendance, he / she is likely to be detained from appearing in the examination. In that case he / she will have to repeat the whole semester. This is therefore, hereby advised that please pay personal attention to see that your ward attends the classes regularly. Otherwise, the institute will not be responsible for his detention and academic loss.

I give my consent

.....

Signature of Student

Name: .....

.....

(Signature of Parents / Guardian)

Semester / Branch: ...../.....

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**DR. M. L. DEWANGAN**

Director, S.S.I.P.M.T

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H.O.D

Department of C.S.E