S.E.Society's

SNBP College of Arts, Commerce, Science & Management Studies Morwadi, Pimpri

Academic Year:	
Department of _	

Field visit Student & Parent undertaking

Doc. No: ACA//DI/29	
Rev:00	
Date:	

Date- / /			
To, The Principal, SNBP College of ACS & Mgmt. Studies			
We, Mr			
parents of			
declare that , we are aware that our son /	-		
organized by the college scheduled on	with o	our full acceptance and will be	
bearing all the expenditure incurred for the In our end.	dustrial/Field visit	towards travel & expenses from	
We shall ensure that our son / daught	ter shall abide by t	the college terms and conditions	
for the Industrial/Field visit. We hereby decla	are that college wil	ll not be held responsible in case	
of any accident or personal injuries happen	ed with the stude	nt. We further confirm that the	
college shall not be held responsible for our son's / daughter's misconduct or misbehaviour at all			
times during the Industrial/Field visit and shall	ll obey instructions	s of the faculty members who are	
accompanying during Industrial/Field visit.			
Yours Sincerely,			
Sign of Student			
(Parent / Guardian Sign)			
Name of Father			
Name of Mother			
Name of Guardian			
Address			
Contact No.12	3		