Shriram Shikshan Sanstha's
Shriram Institute of Engineering and Technology (Polytechnic), Paniv
Tal. Malshiras, Dist. Solapur – 413113

Application No.: _____ Date: _____

SF-17 : Parent Consent Form

- Name of Student: _____
- Enrollment No.: _____ PRN: _____
- Branch: _____ Class: _____ Academic Year: _____
- Mobile: _____ Email: _____
- Parent Mobile: _____
- Address: _____
- Purpose/Application Details: _____

_____

Declaration

I hereby give my consent and permission for my ward /Child to participate in the mentioned activity/requirement as per the guidelines of the institution. I understand and agree to abide by all the rules and instructions issued by the institution. I hereby declare that the information furnished in this Parent Consent Form is true and correct to the best of my knowledge and belief.

Parent Signature Student's Signature

Class Teacher	HOD	Principal
Signature	Signature	Signature

Office / Dept Use Only

Received on: _____ Verified by: _____

If rejected Reason: _____