

Undertaking by the Parent

I, _____ parent of Mr./Ms. _____ with ID No. _____ hereby undertake as follows:

I consent to my ward opting to travel to, and reside at, the University for the Academic term (November 2020 to January 2021) starting on 2nd November 2020 (subject to confirmation by the governing bodies) despite the ongoing Covid pandemic. I understand that this is not a University mandated requirement.

1. I consent to my ward being tested and treated at the [medical facilities](#) identified by, and procedures specified by, the Government of Karnataka under its Covid Treatment Protocols applicable at the time.
2. I will cover all expenses over and beyond those covered by the Government of Karnataka and University Group Medical Insurance.

Date:

Place:

Signature:

Name: