## **Undertaking by Parent(s)**

Signature (Father)	Signature (Mother)
Address:	
email ld:	-
Name (Mother):	Mobile No:
Name (Father):	Mobile No:
I / We undertake the complete responsibility of case of any medical emergency.	f providing timely medical assistance at my / our cost in
· · · · · · · · · · · · · · · · · · ·	f my / our ward in case of any untoward incidence during all Foundation shall not be held responsible for the same.
Strict action (including suspension) may be taken against him / her if he/she is found not following the rules, regulations & guidelines.	
· · · · · · · · · · · · · · · · · · ·	de to all the rules, regulations & guidelines as issued by thorities. He / She shall take utmost care of himself /
I / We are satisfied with the necessary arrangements / precautionary measures taken by the management of RVG Educational Foundation and acknowledge the same.	
I, Father / Mother of Mr. / Misshereby declare that, I / We are willfully allowin Mumbai. I/We are aware that Mumbai is a high	g my / our ward to move and stay at the hostel located at h risk zone due to COVID 19 pandemic.
To, The Administrator, RVG Educational Foundation, Mumbai	