



केरल केन्द्रीय विश्वविद्यालय
CENTRAL UNIVERSITY OF KERALA
(Established under the Act of Parliament in 2009)
Tejaswini Hills, Periyar PO, Kasragod -671 316

PARENT CONSENT

I, Mr _____ hereby permit my
son/daughter Miss/Mr _____ aged _____, studying in
Department of _____ to attend the laboratory
work at his/her department after 14 days of quarantine in the
university hostel from the date of joining. I understand that my
son/daughter/spouse will work in the laboratory after the completion
of quarantine period.

If any situation arise as to any disease or illness during this period, he
/she will be treated as per UGC guidelines (November 2020) and
protocol placed by the Central University of Kerala regarding COVID
19. Myself and my son /daughter/spouse will abide the rules of
Central university of Kerala in this regard.

DATE

SIGNATURE