

IAIT GROUP OF INSTITUTIONS

EXPRESSION OF INTEREST FOR OFFLINE CLASSES

REF. NO. _____

BATCH _____

COURSE _____

STREAM _____

SEMESTER/YEAR _____

I _____ Father/Mother/Guardian(name)
Of _____ (Student name)
Course _____ Branch _____ Sem _____

Want to Say That I Am Allowing My Son/Daughter To Attend The Offline Classes Of Your Institution.

I will screen my child prior to attending the college and will report any illness/covid-19 or fever immediately to college.

My child will adhere to all precaution and guidelines necessary to keep themselves safe from COVID-19, college will not be held responsible in any case if my child get affected by COVID -19 while attending the offline classes.

Thank you

Parents/ Guardian Signature

Student Signature

Date

