UNIVERSITY OF DELHI

GYANODAYA V

WILLINGNESS CERTIFICATE

Paste passport size photo here duly attested by the Principal

Ι	Roll No of
College	am willing to proceed for the Gyanodaya V
Edu trip to be held from 18 th December to 2	29 th December, 2014 and I may kindly be allowed to
attend the trip. I shall abide by the Code of G	Conduct applicable to the Gyanodaya trip.
I	

Signature
Name
(In block letters)

Address_____

Tele No. of Student:_____

MEDICAL CERTIFICATE

Certified that I have exan	nined Roll No:	
Name	son/daughter/ward of	of
		College and find

him/her fit to travel in Gyanodaya express for a period of twelve days.

Station: _____

Signature of Medical Officer of the University (Name in Block Letters with Designation & Seal)

Date: _____

RISK CERTIFICATE

This is to certify that I, Roll No		
Name	of college	
volunteer to attend the Gyanodaya V	Edutrip organized by University of Delhi from 1	8 th
December to 29 th December, 2014 at my n	risk.	
Date Place		
	Signature of Student	
	Signature of father/guardia	n
	Name in Block letters	_
	Address	
	Tele No. of parent	
Attested by the Principal of the College		
DatePlace		
COUNTER SIGNATURE OF MENTOR		

UNIVERSITY OF DELHI

CONSENT OF PARENT/GUARDIAN

This is to certify that my daughter/son, student of ______at _____at _____College is going on GYANODAYA EDUCATIONAL Trip from 18th December to 29th December, 2014 organized by the University of Delhi. I hereby give my consent for the same and I shall be solely responsible for any untoward incident or eventuality and the College/University of Delhi shall not be held responsible for any of the consequences. I further undertake to state that my daughter/son is medically fit to travel and does not suffer from any disease which requires immediate medical attention. Her/his blood group is

Signature of the parent/Guardian:

Name of Parent/Guardian:

Mobile number:

Dated:

VERIFIED BY

Signature of Principal

(With stamp.)