



Techno College of Engineering Agartala

An Engineering College approved by AICTE, MHRD, Govt. of India

Affiliated to Tripura University (A Central University),

Website: www.tiaedu.org; Email: info@tiaedu.org; Phone: 9485002525

Parent/Guardian Consent Form for Internship/Training

Instructions: Please fill in all blank spaces and sign at the designated place.

Student's Name: _____ **TU Roll No:** _____

Branch: _____ **Semester:** _____

Consent, Emergency Authorization & Liability Declaration:

I have read and understood the information concerning the internship program and hereby give permission to my son/daughter to participate in the program. I understand that my ward is responsible for arranging his/her own transportation to and from the internship workplace.

In case of an emergency where I cannot be reached, I authorize the college staff or the internship workplace supervisor to arrange and secure required medical treatment (subject to availability) for my son/daughter.

I further agree to waive and release any and all rights or claims that I, my ward, or our representatives may have against the college, its officers, employees, or representatives for any injury, loss, or damages (including legal expenses) arising out of my ward's participation in the internship program. I also agree to indemnify and hold harmless the college and its representatives from any such claims made by or on behalf of my ward or by any third party.

Contact No.: _____

Alternative Contact (in case of emergency): _____

Name of Parent/Guardian: _____

Date:

Signature of Parent/Guardian