

**Annexure II**

**Format for undertaking from Parent of Student on rejoining college**

I, \_\_\_\_\_,  
F/M/o \_\_\_\_\_, from \_\_\_\_\_ MBBS  
\_\_\_\_\_ Term, hereby accord my consent to my ward to rejoin MediCiti Institute of  
Medical Sciences for studies. I am aware of the risks related to COVID19 which my ward  
maybe exposed to during this period and accept the same.

Name:

Signature:

Date:

Place:

Mobile No.:

Controlled Copy