

**DR. AMBEDKAR INSTITUTE OF HOTEL MANAGEMENT,  
SECTOR 42-D, CHANDIGARH**

I \_\_\_\_\_ Mother/Father of  
\_\_\_\_\_ who is a student of 4<sup>th</sup> Semester in  
Three Year B.Sc. in Hospitality & Hotel Administration at  
AIHM, Chandigarh Academic Session 2020-21, hereby give my  
consent to my ward for attending the practical classes in the  
Institute from 04-01-2021. In case of his/her being unwell, we  
will not send him/her to the Institute.

Sig. of Parent \_\_\_\_\_

Mobile No. of Parent \_\_\_\_\_

Mobile No. of Student \_\_\_\_\_

Roll No. \_\_\_\_\_

Email ID. of  
Parents/Guardian \_\_\_\_\_

Date:- \_\_\_\_\_

Place:- \_\_\_\_\_