

To
Registrar, NIFTEM
Kundli, Sonipat

Date:

Sub: Submission of undertaking for participation in NIFTEM's Academic / Extra-curricular activities

Dear Sir,

I/We, the undersigned, Mr. _____ and
Mrs. _____ parents (both, if alive)/guardian (if
parents are not alive or being legal guardian otherwise) of Mr/Ms _____
a regular student of B. Tech./ M. Tech. / Ph. D. programme of **National Institute of Food Technology
Entrepreneurship and Management (NIFTEM)**, Kundli , Sonapat, bearing Reg. No. _____,
hereby, willingly and considering desired in interest of my/our son/daughter/ward, undertake:

- I. That, I/we am/are aware of participation of our son/daughter/ward in the academic activities (like Village Adoption Programme (VAP), Internship, Industry visits, etc.) and extracurricular activities (like College fest, Annual functions, participation in inter/ intra university/ college competition etc.) organized by NIFTEM/other Institute, in/outside the campus, scheduled during his/her persuasion of the entire period of study in the said academic programme at NIFTEM.
- II. That I/we have our full acceptance for participation all such activities as mentioned in the point 1, above.
- III. That, I/we shall ensure that our son/ daughter shall abide by the college terms and conditions for prescribed programmes/ events. We, hereby declare and confirm that the college shall not be held responsible in the event of any misfortune or accidents and/ or personal injuries whether fatal or otherwise involving our son/ daughter.

I/We also undertake full responsibility of all the consequences, if resulted or arises to any other person or body on suffering from any accidents and/ or personal injuries and/ or damage to property during all such above mentioned activities, resulting as a negligent act of my/our son/ daughter/ward.

I/We further confirm that the NIFTEM/Management/Faculty/Officer/satff shall not be held responsible for misconduct or wrong doing of my/our son/daughter/ward at all times during the period and shall obey the instruction of the faculty members who are involved in organization of such programmes.

Yours sincerely,

Signature of the Student

Phone Number of Student

(Parents/ Guardian's Signature)

Email (Address) Student

Name of Father: : _____
Name of the Mother : _____
Name of the Guardian: : _____
Contact Address: : _____
Contact Phone No. : _____
Contact Email : _____