## **CONSENT FORM**

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The Principal St. Joseph's College, Autonomous 36, Lalbagh Road, Bangalore

Dear Sir,					
Ι		_(father,	mother,	guardi	an)
of	studying	in	cou	irse at	St.
Joseph's College give my consent for my	son/daughter/ward	to appear	for the en	nd semes	ster
examination to be held on campus during Novo	ember-December,	2020. I tak	e full respo	nsibility	for
this decision. I am satisfied with the standard of	perating procedure	es adopted	by the colle	ege and v	will
not hold any one responsible for any eventuali	ty that may occur	during the	examinatio	n period	1.
Date: P	arent/guardian sig	nature with	n mobile nu	ımber	