

CONSENT LETTER

This is to certify that Mr. /Miss _____ is my son/ Daughter studying at Avantika University, Ujjain. He / She is in the course of B.Des / B.Tech / M.Des. We give our consent for any Medical / Surgical condition which can be life threatening for my child.

Sign of the Parent:- _____

Name:- _____

Address: - _____