

## The Sanskrit College and University

I, Bankim Chatterjee Street, Kolkata - 700073 | 🔾 - (033) 2241 - 3611 / 1906 [Established by the Act XXXIII of 2015; Vide WB Govt. Notification No 187-L Dated- 19.02.2016] https://www.sanskritcollegeanduniversity.ac.in

# Parent/Guardian Consent and Indemnity Form Industry Visit to Cognizant Technology Solutions

#### Section 1: Visit Details (Mandatory Information)

Detail	Description	
Event	Industry Visit to Cognizant Technology Solutions (CTS)	
Date of Visit	Saturday, November 29, 2025	
Venue	Cognizant (CTS), Candor Kolkata IT & ITES SEZ, New Town, West Bengal, 700156.	
Reporting Time (at Venue)	10:30 AM (Students report directly to the venue)	
Completion Time (Tentative)	04:00 PM (The visit is expected to conclude around this time)	
Travel Arrangement	Students are responsible for their own travel arrangements (at their own cost) to and from the venue.	
Supervision Note	Students are under the general supervision of faculty members during the visit hours (10:30 AM - 04:00 PM). Travel to and from the venue is the sole responsibility of the student/guardian.	

#### Section 2: Student and Parent/Guardian Information

Field	Detail	
Student's Name		
Course/Program		
University Registration No.		
University Roll No./ID	and the state of t	
Student Mob. No.		
Parent/Guardian Name		
Parent/Guardian Mob. No.	,	

#### Section 3: Declaration of Consent and Responsibility

I, the undersigned **Parent/Guardian**, hereby grant permission for my ward, named above, to participate in the scheduled Industry Visit to Cognizant Technology Solutions on November 29, 2025, as organized by The Sanskrit College and University.

I acknowledge and affirm the following conditions:



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- 1. <u>Self-Arranged Travel:</u> My ward will be traveling to and from the specified venue (Cognizant, Candor IT Park) independently and at my own cost. I understand that The Sanskrit College and University will not provide or bear the cost of any transportation for the student's arrival at 10:30 AM or departure after 4:00 PM.
- 2. <u>Departure:</u> I understand that the student is required to return home immediately and on their own once the visit concludes (tentatively 4:00 PM) and that institutional supervision ends at that time.
- 3. Waiver of Liability: I accept that participation in the visit carries inherent risks. I hereby release The Sanskrit College and University, its faculty, staff, and representatives from all liability for any injury, loss, or damage that may occur during the independent travel to or from the venue, or during the supervised portion of the visit, except in cases of proven negligence by the institution.
- 4. <u>Code of Conduct:</u> I confirm that my ward will adhere strictly to the rules, regulations, and instructions of the faculty members of the University and the staff of Cognizant during the entire duration of the visit.

By signing below, I confirm that I have read and fully understood the details and terms outlined in this Consent and Indemnity Form.

Section 4: Signatures		
Role	Signature	Date
Parent/Guardian		
Student		

### Section 5: Departmental Recommendation and Forwarding

To be completed by the Departmental Head (HOD) or Coordinator.

I verify that the above-named student is eligible to attend the industry visit and I recommend their participation.

Field	Detail	
Name of the HOD/Coordinator		
Designation		
Signature	THE THE PART OF THE PARTY OF TH	
Date		

Please return this signed form duly forwarded by the HOD/Coordinator of the concerned Departments to the Office of the Registrar by 20/11/2025 (Thursday) positively.