



The Sanskrit College and University

1, Bankim Chatterjee Street, Kolkata 700073

[Established by the Act No. XXXIII of 2015; Vide WB Govt. Notification No 187-L, Dated- 19.02.2016]
<https://www.sanskritcollegeanduniversity.ac.in>

INTERNSHIP PROGRAMME (COMMUNITY ENGAGEMENT) GUARDIAN CONSENT FORM FOR FIELD VISITS

Paste
Stamp Size
Colour
Photograph

SECTION A: STUDENT AND GUARDIAN DETAILS

DETAIL	STUDENT'S INFORMATION
1. Full Name of Student	
2. Course/Programme	
3. Registration/Roll Number	
4. Guardian's Full Name	
5. Relationship to Student	
6. Primary Contact Number	
7. Email Address	
8. Residential Address	

SECTION B: DETAILS OF COMMUNITY ENGAGEMENT FIELD VISITS

I/We, the undersigned guardian(s), acknowledge that the participation of my/our ward in the field visits listed below is a **mandatory requirement** of the Internship Programme - Community Engagement course module.

Sl. No.	Institution / Site Name	Purpose	Date
1.	BR Ambedkar Institute of Panchayats & Rural Development, Kalyani and Kanchrapara GP	Training/Orientation on Rural Governance	3 rd December, 2025
2.	Associated Field Visit for Group 1 & Group 2 at Bagnan	Interaction and Documentation	9 th December, 2025
3.	Associated Field Visit for Group 5 at Rajarhat	Interaction and Documentation	9 th December, 2025
4.	Associated Field Visit for Group 3 at Nadia/North 24 PGs(detailed to be notified later)	Interaction and Documentation	12 th December, 2025
5.	Associated Field Visit for Group 4 at Narendrapur	Interaction and Documentation	12 th December, 2025



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SECTION C: GUARDIAN'S DECLARATION AND CONSENT

I/We, _____ (Guardian's Name),
grant full permission for my/our ward,
_____ (Student's Name), to participate in
all the above-mentioned field visits and related activities organized by The Sanskrit College and
University.

I/We understand and agree to the following:

1. My/Our ward is fit, healthy, and capable of participating in these activities and will carry necessary personal medication, if applicable.
2. The University, while exercising due care, will not be responsible for any unforeseen loss, injury, or damage incurred during the activity period.
3. In case of an emergency requiring medical attention, I/We authorize the University officials to arrange for immediate medical treatment, and I/We shall bear all expenses incurred thereof.
4. My/Our ward is aware of the safety instructions and code of conduct provided and agrees to abide by them strictly.

Guardian's Signature: _____

Date: _____

SECTION D: FORWARDING AUTHORITY (HOD/COORDINATOR USE ONLY)

This is to certify that:

1. The student mentioned in Section A, [Student's Name: _____], from the Department of _____ is currently enrolled at the **5th Semester UG** programme.
2. The details of the Community Engagement Field Visits listed in Section B are accurate and are an essential component of the curriculum.
3. The student's photograph has been affixed and attested.

RECOMMENDED / NOT RECOMMENDED (Strike out whichever is not applicable)

Head of Department / Coordinator

Full Name: _____

Designation: _____

Department Seal: (Space for Seal)

Signature: _____

Date: _____

The student must submit this completed and signed form to the Department office prior to the commencement of the field visits.