

DECLARATION OF FATHER / GUARDIAN

Date:

To
The Principal
Haldia Institute of Maritime Studies And Research (HIMSAR)
Marine Campus; ICARE Complex;
P.O. – Hatiberia; Haldia; PIN – 721 657
District – Purba Medinipur; West Bengal

Sir,

- i) I undertake to pay the training charges in full or by installments as per the prescribed fee payment schedule. If I fail to make the aforesaid payments, and, it is found that during the period of training of my son / ward has deliberately flouted the rules and regulations of the Institute, the Institute shall be at liberty to discontinue his training and ask him to leave the Institute at any time.
- ii) I also give an undertaking that the Governing Body, Management, Principal, Faculty Members or any other Staff will not be held responsible in any way whatsoever for any accident or injury suffered by my son / ward during the course of his training at Haldia Institute of Maritime Studies And Research (HIMSAR) or whilst going / returning from Institute on Leave.
- iii) Further I am giving consent to pay for attending any emergency medical treatment including hospitalization which might be necessary during the course of his training and I agree to pay the charges incurred by the Institute for his Medical Treatment.

Yours faithfully,

Signature of Father / Guardian

Name of the Father / Guardian