



Women in Science, Engineering from Rural Parts of India

an IIT Bombay Initiative

May 22nd – May 26th 2023

Parents' consent letter

I _____,
the legal guardian of _____,
give my consent for my daughter to travel with a teacher and stay at IIT BOMBAY, Mumbai, from 21st May
2023 to 27th May 2023 to participate in WiSE program.

Student safety is of utmost importance to the Institute. IIT Bombay is a highly safe and secure campus, consisting of response and vigilance teams that are active 24×7. The campus also houses a well-equipped hospital to address medical emergencies. All hostels on the campus have security guards and CCTV cameras. The girls coming to the IIT Bombay campus will be accompanied by their respective school teachers.

I understand that her participation in this program is vital to her learning process. By signing this form, I agree that my daughter will participate in the WiSE program and travel to various locations on campus. I understand that the IIT Bombay authorities will not be responsible for any untoward incidents during the journey & stay.

I understand that my child will be photographed / video-graphed while participating in various program activities. I have no objection to these photographs & videos being available on the WiSE website.

Parent /Legal Guardian – Mother

Father

Full Name: _____

Email: _____

Mobile no: _____

Aadhar Card No: _____

Signature: _____



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Student's details

Full name: _____

Date of birth: _____

Aadhar Card No: _____

Home address: _____

Phone no: _____

Email ID: _____

School's Name: _____

Travel Details --- dates (DD/MM/YYYY)

Home to Mumbai: _____

Mumbai to Home: _____

Travel Mode (Train/Bus): _____

Accompanying teacher's details

Full name: _____

School's Name: _____

Phone number: _____

Email ID: _____



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Medical Consent - Health Conditions Allergies, Asthma, Diabetes, etc. (if any)

Prescription Medications (if any):

Child's Medical Care Information Physician/Pediatrician:

Physician/doctor/nurse name (if any): _____

Contact number: _____

Any other medical information you think the organizers should know:

Emergency Contact Person's Information

Emergency Contact's Name: _____

Phone Number: _____