



# Women in Science, Engineering from Rural Parts of India

an IIT Bombay Initiative  
May 26<sup>th</sup> – May 31<sup>st</sup> 2025

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## 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 26<sup>th</sup> May  
2025 to 31<sup>st</sup> May 2025 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)

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Prescription Medications (if any):

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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:

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Emergency Contact Person's Information

Emergency Contact's Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_