

# Students On Job training or Internship program

Reference:

Date:

## On-the-Job Training/ Internship Consent Form

I, \_\_\_\_\_,  
the parent / guardian of \_\_\_\_\_  
studying in H. P. T. Arts & R.Y.K. Science College, Nashik-5,  
Class \_\_\_\_\_ Dept: \_\_\_\_\_ Roll number \_\_\_\_\_ ,  
hereby give my consent to my ward for participating in the on-the-job training/  
internship program offered by \_\_\_\_\_

I understand that during the on-the-job training/ internship, my ward will be under  
the supervision of trained professionals at all times. I also acknowledge that there  
may be risks associated with the training, but I am confident in the measures taken  
by the organization to ensure the safety and well-being of the participants. I also  
aware that, if OJT/ Internship provider organisation is charging any fees, I am  
ready to pay with prior intimation.

I will not hold \_\_\_\_\_  
and its employees responsible for any liability arising out of my ward's  
participation in the on-the-job training / internship program.

I hereby grant permission to my ward for traveling to and from the training  
location and participate in all activities related to the on-the-job training /  
internship program.

Furthermore, I authorize \_\_\_\_\_, to  
seek emergency medical treatment for my ward if necessary, and I agree to be  
responsible for any associated medical expenses.

**I take complete responsibility of my ward and his/her on-the-job training  
activity.**

Parent/Guardian Signature: \_\_\_\_\_

Mobile Number of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_