



INSTITUTE OF SYSTEMS & MANAGEMENT

Approved by AICTE | Affiliated to Osmania University

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Nurturing Knowledge.
Delivering Values.

CONSENT FORM

Date:

Dear Sir/Madam,

We are pleased to inform you that a 24-hour Hackathon will be conducted from December 20th to December 21st for the students of the BS-MS Department.

We kindly request the parents/guardians of _____, studying in the BS-MS Department in the year (I/II/III/IV) of batch _____, to fill out and submit the following consent form, granting permission for their [son/daughter/ward] to participate in this event organized by the institution.

The safety and security of our students remain our highest priority. We want to assure you that all necessary measures will be in place to provide a secure environment for all attendees throughout the event.

Additionally, evening snacks and dinner will be provided on the 20th, followed by breakfast on the 21st. The event will conclude at 10:00 AM on the 21st.

We also request that you inform us of any medical conditions or health concerns that we should be aware of to better cater to the safety and well-being of your child. Additionally, please emphasize to the students the importance of adhering to the event's safety guidelines.

Should you have any concerns or questions, please feel free to reach out to us.

Kindly fill in the details below:

Parent/Guardian's Full Name:

Contact Details:

Signature:

Head of department

Dr. CH. Mahesh

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