

AFFIDAVIT BY STUDENTS for an Internship at _____

TO WHOMSOEVER IT MAY CONCERN

Name of the Student Mr/Ms. _____, Roll No. _____
Semester _____, Branch _____, Mobile No. _____

I am fully aware that Internship location might not have enough infrastructure to meet the COVID-19 pandemic cases or in case of any such other conditions, where the majority of the hospitals are constrained due to the COVID 19 pandemic situation in treating the other needy patients also.

Notwithstanding the above, I am willing to take part in this internship on my own responsibility and at my own risk. My parents are also fully aware of the risk involved, and they have no objection for my Internship in the present pandemic situation.

I agree that the institute (IIFE Visakhapatnam) and internship providing firm(s) are not liable in any way for anything that arises to me with reference to Covid-19 pandemic or any other such related situations.

Signature of the Student:

Name: _____ Roll No. _____ Batch: _____
Place: _____ Date: _____

We, the parents/ Guardian of the above-named student, jointly endorse the above declaration made by my ward and fully aware of the risks involved during his/her participation in the internship activity in the present pandemic situation due to Covid-19. We will be solely responsible for any situation that arises for my ward during his engagement in internship due to COVID-19. We are fully aware that the (IIFE Visakhapatnam) and internship providing firm(s) are not liable in any way for any such incidents.

Father's Name: _____ Signature: _____

Mobile No. _____ Email id: _____

Father's current postal address: _____

Mother's Name: _____ Signature: _____

Mobile No. _____ Email id: _____

Mother's current postal address: _____

Name of the person to be contacted, in case of any emergency along with postal address: _____

Mobile No. _____ Email id: _____