PERMISSION FORM (PARENTS/GUARDIANS)

Ms	
	provided below are updated and correct. I also acknowledge that the institute and/or ot be responsible in case of an injury.
Furthermore, I acknowl students except for the i	edge that the Institute is not responsible for providing any adult supervision to the initial training.
Signature	
Contact Details (Parei	nts/Guardian)
Full Name:	
Address:	
Contact No:	
CNIC No:	
Emergency Contact:	
Contact 1:	
Name:	
Relationship:	
Contact Number:	
Contact 2:	
Name:	
Relationship:	
Contact Number:	