



GIRLS' HIGH SCHOOL & COLLEGE, PRAYAGRAJ

CONSENT FORM FOR AURAL EXAMS FOR STUDENT OF X /XII

I _____ father/mother of _____ of Class _____

Adm. no. _____, in full knowledge of the prevailing situation of the Covid19 Pandemic, and of my own free will, give my consent for my ward to physically write the Aural Examinations in the School. I further wish to state that my ward is physically fit to write these Exams.

Please consider this my final option.

_____ Signature (Father/Mother)

_____ Mobile no. (Regd. in School)

_____ Date