



DEPARTMENT OF STUDENTS WELFARE

UNIVERSITY OF KASHMIR

HAZRATBAL CAMPUS SRINAGAR-190006

Contact No.: 0194-227-2173
0194-227-2175
0194-227-2176

UNDERTAKING

I Mr./Ms. _____

S/o./ D/o: _____

R/O: _____ Mobile No: _____

Course _____ Semester _____ Roll No _____

Session _____ Year _____ do hereby undertake the following:

Passport Size
photograph duly
attested by
concerned HOD

1. That I am a regular student of _____ and on the rolls of the Department.
2. That I hereby declare that on my own will & wish and without any force or influence, I am accompanying the Education Tour organised by Department of Students Welfare for 15-20 days.
3. That I will be travelling and undertaking the Educational Tour at my own risk & responsibility and in case of any accident / mishap I will not hold the University responsible for the consequences.
4. That I have sought permission of my parent / guardian for going on the said tour.
5. That while on tour I will fully cooperate with tour incharge and abide by instruction given.
6. That I will strictly follow the guidance / rules / regulations whatever Department of Students Welfare has framed for the successful conduct/ completion of the said tour.
7. That I will not include / involve myself in any misbehaviour / indiscipline / act amounting to indiscipline while I am on the said tour.
8. That I am in knowledge of the fact that University will be paying only TA for the said tour and other expenses including incidental charges will have to be borne by me.
9. That I will pay advance an amount of **Rs. 2000/= (Two Thousand Only)** on a/c of accommodation charges.

Signature of the Student

Undertaking from the Parent / Guardian

I _____ Father/Mother/Guardian of Mr./ Ms. _____

who is student of _____ Department of _____, University of

Kashmir hereby declares the following in respect of my ward.

1. I am giving permission above named child / ward named above to go on the Educational Tour
2. That my child / ward shall abide by the rules and regulations of DSW as ward of the company;

Dated: - _____

Counter Sign of the Parent/ Guardian

Mobile No:- _____

Recommendations of HOD _____

Dated: - _____

Seal & Signature of HOD