



S.G INFOTECH

SUDIP GHOSH INFOTECH (OPC) PRIVATE LIMITED
AN ISO 9001:2015 CERTIFIED INSTITUTION
Registered under Central Government Registration Centre

Registered under Ministry of Corporate Affairs, Govt. of India bearing CIN No.U72200AS2018OPC018941
Office Address: Ground Floor of Bank of India (BOI), Barpeta Road, Simlaguri, Assam, 781315
Cell No.: 9435300000 | 8822233388 E-mail: Info@sginfotech.co.in Website: sginfotech.co.in

CONSENT FORM

I, _____, s/o or d/o Sri _____,
Aged: _____ years, R/O _____
(Permanent address to be mentioned), a student of _____
centre _____ with registration number _____ do hereby execute
this Training Consent cum Undertaking in my full sense and consciousness and agree and
hereby giving my full consent as follows:

1. I hereby agree to complete the entire course practical and training(specialized practical or normal practical) commencing from the date of signing this undertaking. If I leave in between SGINFOTECH will not be held responsible for the same.

2. I do hereby agree to the existing rules and regulations of SGINFOTECH and the "Company" where I may be send for doing project and or specialized practical trainings and rules and regulations framed / amended from time to time and giving my consent to strictly following the same.

3. I do hereby agree that during the said training period if some accidents take place or something happened by means of which I can be mentally and or physically harmed and suffer or lose out work efficiency or my life, Epitome will not be liable. Neither, I or my family or any persons concerned, will not pursue nor will held SGINFOTECH or its Franchise responsible or liable for the same.

4. In case, I am found guilty of committing insubordination, insult or disobedience to any of my superiors, gross neglect of work, non-performance, carelessness, damage of equipment, interfering with the records of the "Company" or Epitome etc., I shall be liable for any disciplinary action including dismissal from the training by the "Company" or by SGINFOTECH.

I, declare that I am executing this undertaking with my own will and consent in the presence of the following witnesses on this the _____ (date) day of _____ (month) 200 at _____(place).

Signature of the trainee
Course:
Registration No:

Signature of the CD/DR
Centre:
Centre Code:

Signature of the Guardian

Witnesses (with address)

1.

2.