

# SHINE GROUP OF INSTITUTIONS

**SHINE - ABDUR RAZZAQUE ANSARI INSTITUTE OF HEALTH EDUCATION & RESEARCH CENTER**

ADMINISTRATIVE OFFICE AND LOCATION: - OINA, IRBA, RANCHI - 835238  
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## PARENTS' AUTHORIZATION FORMAT/LOCAL GUARDIAN FORM

**NAME OF THE STUDENT:** \_\_\_\_\_  
**SESSION/COURSE:** \_\_\_\_\_ **ROLL NO:** \_\_\_\_\_  
**NAME OF PARENT/GUARDIAN LIVING AT THE HOME ADDRESS**

PP Photograph with Sign and Thumb Impression, PLEASE SIGN ACROSS THE PHOTOGRAPH

Title		First name		PLEASE SIGN ACROSS THE PHOTOPGRAPH WITH T/IMP
Relationship with the Student		Parental responsibility?		Yes / No
Home telephone number		Mobile phone number		
UID Proof Details		Work telephone number		
Work place Address				

PP Photograph with Sign and Thumb Impression

### NAME AND ADDRESS OF 1<sup>st</sup> LOCAL GUARDIAN

Title		First name		PLEASE SIGN ACROSS THE PHOTOPGRAPH WITH TH/IMP
Relationship with the Student		Address		
Home telephone number		Mobile number		
Relationship Detail		Work telephone number		
UID Proof Details				

PP Photograph with Sign and Thumb Impression

### NAME AND ADDRESS OF 2<sup>nd</sup> GUARDIAN

Title		First name		PLEASE SIGN ACROSS THE PHOTOPGRAPH WITH TH/IMP
Relationship with the Student		Parental responsibility?		Yes / No
Mobile telephone number		Work telephone number		
Workplace		Address (if different)		

**ONLY AUTHORIZED PERSONS WILL ALLOWED TO COLLECT THEIR CHILDREN**

### EMERGENCY CONTACT DETAILS

PP Photograph with Sign and Thumb Impression

Name of the Person/Relationship		Telephone number	
His /Her address/UID details			

### IMPORTANT – INSTRUCTIONS

**TO BE ATTESTED BY THE PARENT/GUARDIAN, PLEASE SIGN ACROSS THE PHOTOPGRAPH WITH THUMB IMPRESSION**

- No Tampering with the form will be allowed and anybody found tampering will be immediately removed from the rolls of the college
- If anybody's parent/s passes away who will be authorized for that student in that case, it should be intimated in advance via affidavit.
- If anybody gets married midway who will be the guardian thereon, and if husband, then his attested photograph with duly signed consent from the parent/guardian is needed.
- If someone needs to change his guardian it will only be possible after a period of 6 months.
- No false information to be put in form and if anybody does so he/she will be terminated Immediately
- Any other person apart from the authorized person, if he/she comes and puts pressure on authorities for students leave, the parents/students they themselves be responsible for any mishap if so it occurs
- Signatures of parent/guardian to be matched and verified at the time of admission.

PHOTO/SIGN OF THE STUDENT

\_\_\_\_\_  
**PRINCIPAL/AUTH. SIGNATORY**

\_\_\_\_\_  
**SECRETARY**