

Annexure No. 4

Responsibility Certificate

(To be given by the Parent / Guardian of the Participating Student)

I agree, as a responsible person, that my Son/Daughter/Ward is being allowed to participate in Aavishkar: Maharashtra State Inter-University Research Convention to be held at following Host University as per following dates at my own risk.

Name of the Host University	Maharashtra University of Health Sciences, Nashik
Dates of the Convention	January 12 – 15, 2024

If any accident or death occurs during this convention, I or any of my relation of legal heir will not demand any claim from State Government / Raj Bhavan / University (Organizing/Participating) / Department / Institute / College and Officials of the University (Organizing/Participating), Principal / Director / Head / Mentor / Teacher / Staff on account of my Son/Daughter/Ward being a part this convention.

Name of the Parent / Guardian	
Mobile No. of the Parent / Guardian	
Name of the Student Participant	
Mobile No. of the Student Participant	
Name of the University	
Category	
Level	
Date	
Signature of the Parent / Guardian	