

DECLARATION OF LOCAL GUARDIAN

Photograph
of Student

Photograph of
Local Guardian

Name of Student : _____
Course : _____
Year & Semester : _____
Branch & Section : _____
Name of Guardian : _____
Address of Guardian : _____
: _____
Tel No. : _____
Office / Work Address : _____
Email ID : _____

I, _____ do hereby declare that _____ admitted in Sharda University is my relative / known to me. During his entire duration of stay, he / she shall be under my local guardianship and I shall monitor his / her conduct and behavior. I can be contacted any time in emergency or otherwise for issues pertaining to his / her conduct and well-being.

Signature of Student

Signature of Local Guardian