LOCAL GUARDIAN DECLARATION

I/We, _____, aged _____ years, residing at _____, being the Parent/Legal Guardian of Mr./Ms._____("Student"), admitted to the **Integrated First Degree Programme** at BITS Pilani, _____Campus and residing in _____ Hostel, having BITSAT Application Number _____ hereby declare and undertake as follows:

1. I/We authorize the Institute, subject to the applicable rules, regulations, procedures, and approvals prescribed by the Institute from time to time, to permit the Student to leave the campus and/or hostel premises.
2. I/We acknowledge and agree that the Student shall remain bound by all Institute regulations during any period of absence from the campus or hostel.
3. I/We undertake responsibility for the safety, welfare, conduct, and actions of the Student during any approved stay outside the campus or hostel premises and shall cooperate with the Institute in all matters relating to the Student's welfare, safety, discipline, or conduct.
4. Further, I/We hereby nominate and authorize Mr./Ms. _____, aged ____ years, residing at _____ _____, Mobile No. _____, Email ID _____, to act as the Local Guardian of the Student during the period of his/her study at BITS Pilani.
5. The Local Guardian shall act as the primary local contact person for emergency, welfare, medical, safety, disciplinary, administrative, or other student-related matters as may be communicated by the Institute from time to time.
6. The Student may, subject to the applicable leave regulations, permissions, and procedures prescribed by the Institute, visit and stay at the residence of the Local Guardian.
7. I/We acknowledge that nomination of a Local Guardian shall not absolve the Parent/Legal Guardian of his/her primary responsibilities towards the Student.
8. I/We further acknowledge that the Local Guardian shall not be deemed to be a legal guardian of the Student and shall not acquire any legal custody, parental rights, or decision-making authority except to the limited extent expressly recognized by the Institute for student welfare, communication, emergency response, and related purposes.

DECLARATION

I/We certify that the information furnished herein is true, complete, and correct to the best of my/our knowledge and belief. I/We further undertake to promptly notify the Institute of any change in the particulars of the Local Guardian or the contact information provided herein.

Place: _____

Date: _____

Signature of Parent/Legal Guardian: _____

Name: _____

Signature of Student: _____

Name: _____

BITSAT Application Number:_____

Email ID: _____

Phone No: _____

ACCEPTANCE BY LOCAL GUARDIAN

I, Mr./Ms. _____, hereby accept the nomination as Local Guardian of the above-named Student and undertake to cooperate with the Institute in matters relating to the Student's welfare, safety, health, discipline, and emergency requirements during the period of study at BITS Pilani.

Signature of Local Guardian: _____

Name: _____

Date: _____

Email ID: _____

Phone No: _____