

Institute for Vision Rehabilitation

L V Prasad Eye Institute, Kallam Anji Reddy Campus
L V Prasad Marg, Banjara Hills
Hyderabad 500034

Consent Letter for Volunteer services

This is to certify that _____ is a student of _____ studying in ____ class. He / She is interested in doing volunteer services at Institute for Vision Rehabilitation, L V Prasad Eye Institute, Hyderabad. He / She wants to do volunteer services with his/her own interest and willingness of the parent(s).

Hereby we declare that you can enroll him/her as a young volunteer for doing volunteer services at your institute.

Signature of the school authority with seal:

I am Mr. /Mrs. _____ willing to send my child _____ to do volunteering activities at Institute for Vision Rehabilitation, L V Prasad Eye Institute, Hyderabad. Hence I request you to enroll my child as a young volunteer and I assure that I am sending him/her with my full knowledge and permission.

Name of the Parent(S):

Signature of the Parent(s):

Contact no:

I am Mast. /Ms. _____ interested in doing volunteer services at Institute for Vision Rehabilitation, L V Prasad Eye Institute, Hyderabad. I want to do the volunteer services with my own interest and knowledge of my parents. I hereby ensure that I will abide by the rules of your institute applicable for the volunteers.

Signature of the candidate:

Date: