



## CONSENT FORM

I Shri/Smt./Kum \_\_\_\_\_ have applied to attend BARC Radiography Testing Level-2 training programme as per schedule announced. I am aware that the offline training programme will be presently conducted at the premises of **Institute for Design of Electrical Measuring Instruments (IDEMI)**, Swatantryaveer Tatya Tope Marg, Chunabhatti, Sion, Mumbai – 400 022.

I understand that:

- I. I need to submit Vaccination Certificate & recent copy of RTPCR test from reputed / approved lab and undertaking on IDEMI format for Covid 19.
- II. All participants need to make their own arrangement for lodging and local travel.
- III. Canteen and lecture hall facilities will be available for use during normal working hours.
- IV. The course will be conducted subject to getting permission from the State Govt. / Local Authorities / BMC.
- V. The organiser(s) reserve the right to cancel/postpone a particular course without assigning any reason.

- 1) *I hereby acknowledge the risks associated with attending the offline course under the present COVID-19 pandemic situation.*
- 2) *I hereby acknowledge that the organiser(s) cannot guarantee the complete elimination of risks posed by COVID-19 through the implementation of the precautions and protocols.*
- 3) *I hereby declare that I am willing to attend the course on my own / my sponsors' consent without the influence of any other party and I shall adhere to all suggested safety precautions and protocols updated from time to time.*
- 4) *The organiser(s) of the training programme will not be held responsible for any loss due to my health/accident/medical emergency or financial difficulties while travelling to attend the course or while attending the course at Mumbai.*
- 5) *I have adequate medical coverage for meeting any emergency needs while attending the course.*
- 6) *I have read the Standard Operating Procedure (SOP) of the training programme and agree to abide by the same in case I am selected to attend the course.*

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*Place and Date*

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*(Name of the Applicant)*

*Address:*

*Phone no/Email ID:*