

## WILLINGNESS CERTIFICATE

1. I, \_\_\_\_\_ Parent of Roll \_\_\_\_\_ Cadet  
\_\_\_\_\_ of class \_\_\_ (IX to XII) give my consent for my  
son to attend regular classes at Sainik School Korukonda, District Vizianagaram,  
Andhra Pradesh. Further, I am also aware of the ongoing Pandemic threat of COVID  
19 and hereby undertake and submit that, my son will follow all COVID 19 restrictions  
and abide by the Generic Preventive measures prescribed by the School from time to  
time, failing which, necessary action as deemed fit may be taken by the School. **I also  
fully understand the risk involved in keeping my son in the hostel**, in community  
living conditions and I am prepared to take the risk involved, without any inference  
against the school or its employees or the School Management.

2. Further I certify that I have given my consent in my full consciousness without  
any pressure and to the best of my knowledge.

Date:

Station:

Signature of the Parent