



सत्यमेव जयते

ESTD. 2008

## OFFICE OF THE PRINCIPAL

**GOVERNMENT DEGREE COLLEGE, BANIHAL (J&K)**



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### NOTICE

Dated: 24/06/2025

It is notified for the information of all **6th Semester** (CBCS & NEP) students of 2024-25 session that the college is planning a one-day educational picnic to **Daksum-Kokernag** and the tentative date has been fixed on **Monday, 30-06-2025**. Interested students are directed to register their names and submit a parent consent form (attached as annexure) in person along with a security deposit amount of ₹100/- with Prof. Bilal Ahmad Kukroo, Convenor Tour, Picnic & Transport Committee, by or before **26th June 2025**.

Moreover, in view of the upcoming Shri Amarnath Ji Yatra from 03-07-2025, no time slot shall be available thereafter. Therefore, no extension or further communication regarding this matter shall be made. The picnic arrangements shall be finalized within this week only.

Convenor,  
Tour, Picnic & Transport Committee

Dr Shafiq Ahmed Katoch  
Principal  
Government Degree Collage  
Banihal



# Parent/Guardian Consent Form for College Tour

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## Tour Details

Destination: **College Picnic to Daksum-kokernag**

Date of Tour: Monday, **30-06-2025**

Accompanying Faculty: **All Teaching and Non-teaching faculty of the college**

## Student Information

Full Name: \_\_\_\_\_

Class/Semester: \_\_\_\_\_

Roll Number: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Blood Group: \_\_\_\_\_

Known Allergies (if any): \_\_\_\_\_

Pre-existing Medical Conditions (if any): \_\_\_\_\_

## Parent/Guardian Information

Full Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Alternate Emergency Contact Person: \_\_\_\_\_

Alternate Contact Number: \_\_\_\_\_

## Consent and Acknowledgment

- I, the undersigned, parent/guardian of the above-named student, hereby give my full consent for his/her participation in the above-mentioned tour organized by the college. I acknowledge that:
- The student will adhere to the rules and instructions given by the staff during the tour.
- The college reserves the right to provide emergency medical treatment if required.
- I understand that all necessary safety precautions and emergency measures will be in place.
- I will not hold the college responsible for any unforeseen incidents during the trip.

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_