



**International Summer Internship  
Program (ISIP) - 2025**



**PARENT'S UNDERTAKING**

"Vishwaniketan Incubation Centre (VIC)", a non-profit making section 8 company existing under law of India at Survey No. 52, Kumbhivali, Nr. Khalapur Toll Naka, having its registered office at Mumbai- Pune Expressway, Tal. Khalapur, Dist. Raigad, Maharashtra, legally represented for the signature of the present agreement by Dr. S. S. Inamdar, Director, VIC. CGC-PBLCOE is hosted in Vishwaniketan Campus, Survey No. 52, Kumbhivali, Nr. Khalapur Toll Naka.

We \_\_\_\_\_(name of father) (holder of passport no. \_\_\_\_\_) (if Available) and \_\_\_\_\_(name of mother) (holder of passport no. \_\_\_\_\_) (if Available) residing at \_\_\_\_\_

\_\_\_\_\_ hereby confirm that our ward \_\_\_\_\_ bonafide student of \_\_\_\_\_ studying in \_\_\_\_\_ year \_\_\_\_\_ branch has been selected to undergo International Summer Internship Program (ISIP) – 2025 in abroad universities from \_\_\_\_\_ to \_\_\_\_\_ arranged through CGC and PBLCOE, Kumbhivali, Khalapur for 04 weeks in \_\_\_\_\_.

We solemnly declare and affirm that we do not have any objection for sending my ward \_\_\_\_\_ holder of passport no. \_\_\_\_\_ for International Summer Internship Program (ISIP) - 2025 in \_\_\_\_\_ and to visit few places for cultural exposure, as per the decisions of the coordinator.

We are aware of the guidelines given to my ward at the time of selection process. We assure you that our ward will follow the following guidelines in student's undertaking.

We agree to pay the full fee in advance with a refundable deposit of INR 10,000/- against any misbehavior/loss of property of stay and any indiscipline.

(Signature)

Father's Name: \_\_\_\_\_

Passport No: \_\_\_\_\_

(Signature)

Mother's Name: \_\_\_\_\_

Passport No.: \_\_\_\_\_

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

Place: \_\_\_\_\_