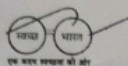




**INTEGRAL
UNIVERSITY**



DEPARTMENT OF CHEMISTRY



**FIT
INDIA**

75
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अमृत महोत्सव

विकसित भारत
अभियान

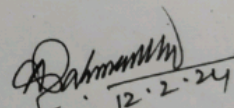


Dated: 12th February 2024

Notice

The Department of Chemistry, Integral University, Lucknow in partnership with National Service Scheme (NSS), is hosting an outreach/extension event focused on the topic 'Adulteration in Food Stuffs (खाद्य पदार्थों में मिलावट)' at Ilm International School, Kursi Road, Lucknow on February 17th, 2024 from 10.00AM onwards.

To make the most of this opportunity to enhance the understanding, participation in this awareness program is mandatory for all the first-year students of M.Sc. (IC) and M.Sc. (Chemistry).


12.2.24

(Prof. Abdul Rahman Khan)
HoD, Chemistry

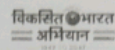
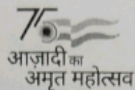
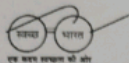
Head
Department of Chemistry
Integral University, Lucknow



INTEGRAL UNIVERSITY



DEPARTMENT OF CHEMISTRY



Outreach/Extension activity on

'Adulteration in Food Stuffs (खाद्य पदार्थों में मिलावट)'
on dated 17th February 2024 at Ilm International School, Kursi Road, Lucknow

List of participants

S. No.	Enrollment no.	Student name	Class	Signature
1.	2300100898	ANKIT KUMAR	Master of Science (Chemistry)	Ankit
2.	2000100483	AZEEM FATIMA		Azeem
3.	2300102024	CHAMAN USMANI		Chaman
4.	2300103249	DIKSHA PANDEY		Diksha
5.	2000101263	MERAJ FATMA		Meraaj
6.	2300103267	SANA FATIMA		Sana
7.	2300104616	SANJANA YADAV		Sanjana
8.	2300104235	TANMAY TRIPATHI		Tanmay
9.	2000101838	UMME AIMAN		Aiman
10.	2000101864	UMME SALMA		Salma
11.	2300103498	HARSHIT MISHRA	Master of Science (Industrial Chemistry)	Harshit
12.	2000102527	MANTASHA MIRZA		Mantasha
13.	2300103583	MD. SHAMS TABREZ KHAN		Shams
14.	2300101511	MOHD ASIM		Asim
15.	2300102939	NADIMULLAH		Nadin
16.	2000101984	VAISHNAVI DUBEY		Vaishnavi
17.	1900101374	ZAMIRUDDIN KHAN		Zamir
18.	2300101541	ABHISHEK		Abhishek

(Prof. Abdul Rahman Khan)
HoD, Chemistry

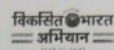
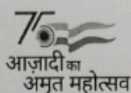
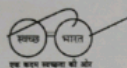


**INTEGRAL
UNIVERSITY**



DEPARTMENT OF CHEMISTRY

Extension Activity Report held on 17th February, 2024



Dear All,

On 17th February 2024, the Department of Chemistry, Integral University organized an extension activity on topic “Adulteration in Food Stuff (खाद्य पदार्थों में मिलावट)”. The program aimed to provide students with an opportunity to interact with school children at ILM International School and performed experiment to check adulteration in milk, tea leaf, turmeric and red chilli samples.

The activity was conducted in collaboration with the National Service Scheme (NSS) unit of Integral University. The venue is located at Aman City, Kursi Road, Lucknow, Uttar Pradesh. The Coordinators of this event were Dr. Jamal Akhtar Ansari (Assistant Professor), Dr. Naseem Ahmad (Associate Professor) and Dr. Nafees Ahmad (Assistant Professor) from the Department of Chemistry, Integral University.

Prof. Abdul Rahman Khan, Head of the Department of Chemistry, supported and guided in coordinating this initiative with Mr. Syed Naim Akhtar, Program Officer and In-charge (NSS) and Ms. Tahira Khatoon, Program Officer (NSS). This collaborative extension activity aims to aware and educate school going children and staff about the ‘Adulteration in Food Stuff’.

Participants

A total of 18 students from M.Sc. (First year), 10 from M.Sc. Chemistry and 8 from M.Sc. Industrial Chemistry participated in the event.

Activities Performed by Teachers

Interaction with Authorities: The teachers interacted with the authorities Mr. Mohammad Amir and Ms. Sheikh Muskan of ILM International School and

appreciated their efforts for providing basic and quality education to the children. The Principal Mr. Mohammad Amir facilitated by Dr. Naseem and Dr. Jamal with Rose perfumes developed by M.Sc. students, Department of Chemistry, Integral University, Lucknow.

Interaction with children: The faculty members interacted with children. Dr. Jamal gives a brief introduction about the Department of Chemistry and Integral University. He also enlightened the adulteration in food stuffs, their harmful effects on human health, and communicated children about home based easy test to check the adulterations in milk, turmeric, tea leaf and chill powder.

Feedback: Constructive feedback was provided to the school management for further development.

Visits to Classrooms, office and playground: Teachers visited to the classrooms and office for additional understanding and interaction. Dr. Nafees and Dr. Iqbal give important tips to children for physical activity and maintaining fitness.

Activities Performed by Students

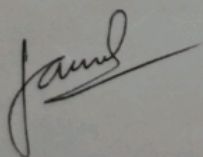
Interaction with children: Students interacted with the staffs and children at school and shared their experiences.

Adulteration test experiments to Children: M.Sc. students, Mr. Nadeem, Ms. Mantasha Mirza, Ms. Sanjan Yadav, Mr. Harshit Misra, performed experiments to demonstrate the adulteration of yellow color in turmeric, red color bricks in red chilli powder, color addition in tea leaf, starch in milk to the children and staffs at the school. Children were excited and very curious to know more about chemical experimentation.

Classroom and office visits: Students visited to the classrooms and office and play ground and discussed their physical activities.

Chocolate and toffee Distribution: Students distributed chocolate and toffee to the children for moral kindness and care. Children who answer the questions during experimentations were offered additional chocolate.

The visit to ILM international school was an inspiring experience for both students and children. The activity raised and highlighted the health concern and importance of chemical analysis/screening of adulterants in food stuffs. The overall event facilitate us for a FIT India, SDG goals-3 of 'Good Health and Well-Being', Vikshit Bharat, Swastha and Swachh Bharat.











DISCLAIMER FORM

PERMISSION TO PARTICIPATE AND PARENTAL CONSENT FORM
(Filled form to be submitted at DSW Office before travel)

Participant's Consent

Full Name of Student/Participant (First/Middle Last): TANMAY TRIPATHI
Course: M.Sc (chemistry) Year: 1st Batch 2023-24
Home Phone #: 8948851016 Alternate Phone #: 6392625069
I am interested in participating in Educational Tour/Visit to/at Ilm international school
from _____ to _____, 2024.

Signature: Tanmay

Date: 17 / 02 / 2024

HOD's Consent

Name of HOD: Dr. Abdul Rahman Khan
Department: chemistry
I, have no objection if the abovementioned student attends and participates in the above-mentioned
Educational Tour/Visit to/at Ilm international from _____ to _____
_____, 2024.

Signature: _____

Date: 17 / 02 / 2024

Parent's Consent

Name of Parent (s) /Legal Guardian: R. S Tripathi
Address: H. No 645-B, Shiv nagar Baharatpur
City Gkp State U.P Pin Code 273004
Home Phone # () 9956000196 Alternate Phone # () 6392625069
Email Address: tanmaystu@gmail

I, the undersigned, certify that I am the parent or legal guardian of the above-mentioned Participant. I
hereby authorize my daughter/ward named above to attend and participate in the above-mentioned
Educational Tour/Visit to/at Ilm international school from _____ to _____
_____, 2024.

Signature: _____

Date: 17 / 02 / 2024



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DISCLAIMER FORM

PERMISSION TO PARTICIPATE AND PARENTAL CONSENT FORM

(Filled form to be submitted at DSW Office before travel)

Participant's Consent

Full Name of Student/Participant (First/Middle Last): Umme Salma

Course: MSc. Chemistry Year: 1st year Batch 23-2024

Home Phone #: 9118696660 Alternate Phone #: 9118696660

I am interested in participating in Educational Tour/Visit to/at ILM international school
from _____ to _____, 2024.

Signature: Umme Salma

Date: 17 / 02 / 24

HOD's Consent

Name of HOD: Dr. Abdul Rahman Khan

Department: chemistry

I, have no objection if the abovementioned student attends and participates in the above-mentioned
Educational Tour/Visit to/at ILM international from _____ to _____
_____, 2024.

Signature: Dr. Abdul Rahman Khan

Date: ____ / ____ / ____

Parent's Consent

Name of Parent (s) /Legal Guardian: Mr. Waseeullah

Address: Khurram Nagar (Lko)

City Lucknow State U.P. Pin Code 226022

Home Phone # () 9118696660 Alternate Phone # () 9118696660

Email Address: ummesalma@student.iul.ac.in

I, the undersigned, certify that I am the parent or legal guardian of the above-mentioned Participant. I
hereby authorize my daughter/ward named above to attend and participate in the above-mentioned
Educational Tour/Visit to/at ILM international from _____ to _____
_____, 2024.

Signature: Waseeullah

Date: ____ / ____ / ____



DISCLAIMER FORM

PERMISSION TO PARTICIPATE AND PARENTAL CONSENT FORM

(Filled form to be submitted at DSW Office before travel)

Participant's Consent

Full Name of Student/Participant (First/Middle Last): Umme Aiman

Course: MSc. (Chemist) Year: 1st year Batch 2023-24

Home Phone #: 991869666 Alternate Phone #: 9565268454

I am interested in participating in Educational Tour/Visit to/at ILM International school
from _____ to _____, 2024.

Signature: Umme Aiman

Date: 17 / 02 / 2024

HOD's Consent

Name of HOD: Dr. Abdussahman Khan

Department: Chemistry

I, have no objection if the abovementioned student attends and participates in the above-mentioned

Educational Tour/Visit to/at ILM International from _____ to _____
_____, 2024.

Signature: [Signature]

Date: 17 / 02 / 24

Parent's Consent

Name of Parent (s) /Legal Guardian: Mr. Waseullah

Address: Khusam Nagar (Lko)

City (Lko) State U.P. Pin Code 226022

Home Phone # () 991869666 Alternate Phone # () 9118696660

Email Address: aiman umme student@iul.ac.in

I, the undersigned, certify that I am the parent or legal guardian of the above-mentioned Participant. I
hereby authorize my daughter/ward named above to attend and participate in the above-mentioned

Educational Tour/Visit to/at ILM International from _____ to _____
_____, 2024.

Signature: Waseullah

Date: ____/____/____



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DISCLAIMER FORM

PERMISSION TO PARTICIPATE AND PARENTAL CONSENT FORM

(Filled form to be submitted at DSW Office before travel)

Participant's Consent

Full Name of Student/Participant (First/Middle Last): Ankit kumar

Course: Msc (c) Year: 1st Batch 2023-24

Home Phone #: 9044382366 Alternate Phone #: 9044382366

I am interested in participating in Educational Tour/Visit to/at Ilm International School
from _____ to _____, 2024.

Signature: Ankit kumar

Date: 17 / 02 / 2024

HOD's Consent

Name of HOD: Dr Abdul Rehman Sir Khan

Department: chemistry

I, have no objection if the abovementioned student attends and participates in the above-mentioned
Educational Tour/Visit to/at Ilm International school from 17 FEB to 17 FEB, 2024.

Signature: [Signature]

Date: ____ / ____ / ____

Parent's Consent

Name of Parent (s) /Legal Guardian: Saman kumar

Address: Guzan And Post Pandani District Barabanki

City: Barabanki State UP Pin Code 225302

Home Phone # () 9044382366 Alternate Phone # () _____

Email Address: kumar 061134 @ gmail . com

I, the undersigned, certify that I am the parent or legal guardian of the above-mentioned Participant. I
hereby authorize my daughter/ward named above to attend and participate in the above-mentioned
Educational Tour/Visit to/at Ilm International School from 17 FEB to 17 FEB, 2024.

Signature: Saman kumar

Date: ____ / ____ / ____



DISCLAIMER FORM

PERMISSION TO PARTICIPATE AND PARENTAL CONSENT FORM

(Filled form to be submitted at DSW Office before travel)

Participant's Consent

Full Name of Student/Participant (First/Middle Last): Chaman Usmani

Course: M.Sc Chemistry Year: 1st / 2nd Sem Batch 2023-2024

Home Phone #: 9956000199 Alternate Phone #: 8840983544

I am interested in participating in Educational Tour/Visit to/at TLM International School
from _____ to _____, 2024.

Signature: Chaman

Date: 17 / 02 / 24

HOD's Consent

Name of HOD: Dr. Abdul Rahman Khan

Department: Chemistry

I, have no objection if the abovementioned student attends and participates in the above-mentioned
Educational Tour/Visit to/at TLM International School from 17/2/24 to _____
_____, 2024.

Signature: [Signature]

Date: 17 / 02 / 24

Parent's Consent

Name of Parent (s) /Legal Guardian: Mohd. Saleem Usmani

Address: Gayas Nagar, Barail Chauraha, 1

City Barabanki State Uttar Pradesh Pin Code 225001

Home Phone # (✓) 8840983544 Alternate Phone # (✓) 9956000199

Email Address: chamanusmani10@gmail.com

I, the undersigned, certify that I am the parent or legal guardian of the above-mentioned Participant. I
hereby authorize my daughter/ward named above to attend and participate in the above-mentioned
Educational Tour/Visit to/at TLM International School from 17/2/24 to _____
_____, 2024.

Signature: [Signature]

Date: ____ / ____ / ____



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DISCLAIMER FORM

PERMISSION TO PARTICIPATE AND PARENTAL CONSENT FORM

(Filled form to be submitted at DSW Office before travel)

Participant's Consent

Full Name of Student/Participant (First/Middle Last): Meeraj Fatma

Course: MSc Chemistry Year: First Batch 2023-24

Home Phone #: 9335540215 Alternate Phone #: 6366095547

I am interested in participating in Educational Tour/Visit to/at ILM International School,
from 17/2/24 to 17/2, 2024.

Signature: Meeraj

Date: 17 / 2 / 24

HOD's Consent

Name of HOD: Abdul Rahman Khan

Department: Chemistry

I, have no objection if the abovementioned student attends and participates in the above-mentioned

Educational Tour/Visit to/at ILM International School from 17/2/24 to 17/2/24, 2024.

Signature: Abdul Rahman Khan

Date: / /

Parent's Consent

Name of Parent (s) /Legal Guardian: Mr. Ashfaq Mehdi

Address: Dasuli, Lucknow

City Lucknow State U.P. Pin Code 226026

Home Phone # () 9335540215 Alternate Phone # () 6366095547

Email Address: MeerajFatma111@gmail.com

I, the undersigned, certify that I am the parent or legal guardian of the above-mentioned Participant. I

hereby authorize my daughter/ward named above to attend and participate in the above-mentioned

Educational Tour/Visit to/at ILM International School from to , 2024.

Signature: Ashfaq Mehdi

Date: / /



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DISCLAIMER FORM

PERMISSION TO PARTICIPATE AND PARENTAL CONSENT FORM

(Filled form to be submitted at DSW Office before travel)

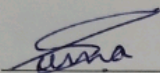
Participant's Consent

Full Name of Student/Participant (First/Middle Last): Sana fatima

Course: M.Sc Chemistry Year: 2023-24 Ist Batch 2023-24

Home Phone #: 8539940067 Alternate Phone #: 8539940067

I am interested in participating in Educational Tour/Visit to/at Ilm international School
from _____ to _____, 2024.

Signature: 

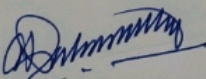
Date: 17 / 02 / 2024

HOD's Consent

Name of HOD: Abdul Rehman Khan

Department: Chemistry

I, have no objection if the abovementioned student attends and participates in the above-mentioned
Educational Tour/Visit to/at Ilm international school from _____ to _____
_____, 2024.

Signature: 

Date: 17 / 02 / 2024

Parent's Consent

Name of Parent (s) /Legal Guardian: Misdahuddin Khan

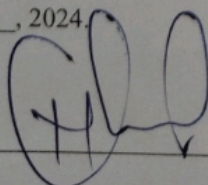
Address: Nayakwila ashinagar Sivan

City Gaya State Bihar Pin Code _____

Home Phone # () 8539940067 Alternate Phone # () 8539940067

Email Address: Sanastu@.gmain

I, the undersigned, certify that I am the parent or legal guardian of the above-mentioned Participant. I
hereby authorize my daughter/ward named above to attend and participate in the above-mentioned
Educational Tour/Visit to/at Ilm international School from _____ to _____
_____, 2024.

Signature: 

Date: 17 / 02 / 2024



DISCLAIMER FORM

PERMISSION TO PARTICIPATE AND PARENTAL CONSENT FORM

(Filled form to be submitted at DSW Office before travel)

Participant's Consent

Full Name of Student/Participant (First/Middle Last): Diksha Pandey

Course: M.Sc Chemistry Year: 1st Year Batch 2023-24

Home Phone #: 9017584100 Alternate Phone #: 9017584100

I am interested in participating in Educational Tour/Visit to/at ILM International School
from _____ to _____, 2024.

Signature: Diksha

Date: 17 / 02 / 24

HOD's Consent

Name of HOD: Dr. Abdulssahman Khan

Department: Chemistry

I, have no objection if the abovementioned student attends and participates in the above-mentioned

Educational Tour/Visit to/at ILM International Sch from 17 Feb to 17 Feb
_____, 2024.

Signature: [Signature]

Date: 17 / 02 / 24

Parent's Consent

Name of Parent (s) /Legal Guardian: Prakash Charadra Pandey

Address: Nari pura Jida Gasi Pur

City Gasi pur State U.P Pin Code _____

Home Phone # () 9017584100 Alternate Phone # () 9017584100

Email Address: diksha msc @ student iui.ac.in

I, the undersigned, certify that I am the parent or legal guardian of the above-mentioned Participant. I

hereby authorize my daughter/ward named above to attend and participate in the above-mentioned

Educational Tour/Visit to/at ILM International Sch from _____ to _____
_____, 2024.

Signature: [Signature]

Date: 17 / 02 / 2024



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(Filled form to be submitted at DSW Office before travel)

Participant's Consent

Full Name of Student/Participant (First/Middle Last): Agem Fatima

Course: M.Sc Year: I Batch 2023-24

Home Phone #: 8081336826 Alternate Phone #: 8081336826

I am interested in participating in Educational Tour/Visit to/at ILM International School
from 17/2/24 to 17/2/24, 2024.

Signature: Agem

Date: 17 / 02 / 24

HOD's Consent

Name of HOD: Abdul Rahman Khan

Department: Chemistry

I, have no objection if the abovementioned student attends and participates in the above-mentioned

Educational Tour/Visit to/at ILM International School from 17/2/24 to 17/2/24
_____, 2024.

Signature: Abdul Rahman Khan

Date: 17 / 2 / 24

Parent's Consent

Name of Parent (s) /Legal Guardian: Mr. Ali Mohsin Rigi

Address: 546/1103 Sarfarazgar near Rigi business center.

City Ducknow State U.P Pin Code 226003

Home Phone # () 9415756792 Alternate Phone # () _____

Email Address: Agem fatima 7866@gmail.com

I, the undersigned, certify that I am the parent or legal guardian of the above-mentioned Participant. I

hereby authorize my daughter/ward named above to attend and participate in the above-mentioned

Educational Tour/Visit to/at ILM International School from 17/2/24 to
17/2/24, 2024.

Signature: Agem

Date: 17 / 2 / 24



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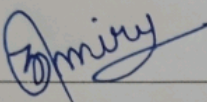
Participant's Consent

Full Name of Student/Participant (First/Middle Last): Zamiruddin Khan

Course: M.Sc Year: 1st Batch 2023 - 024

Home Phone #: 8887867781 Alternate Phone #: _____

I am interested in participating in Educational Tour/Visit to/at Ilm International School
from 17/02/24 to 17/02/24, 2024.

Signature: 

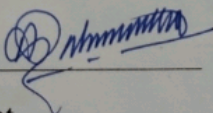
Date: 16 / 02 / 2024

HOD's Consent

Name of HOD: Abdul Rahman Khan

Department: Chemistry

I, have no objection if the abovementioned student attends and participates in the above-mentioned
Educational Tour/Visit to/at Ilm International School from 17/02/24 to 17/02/24
_____, 2024.

Signature: 

Date: 16 / 02 / 24

Parent's Consent

Name of Parent (s) /Legal Guardian: Muhammad Ahmad Khan

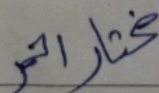
Address: Pipra Murgihwa Iwa Siddharth Nagar

City Iwa State Uttar Pradesh Pin Code 272192

Home Phone # () _____ Alternate Phone # () _____

Email Address: zoomkhan002@gmail.com

I, the undersigned, certify that I am the parent or legal guardian of the above-mentioned Participant. I
hereby authorize my daughter/ward named above to attend and participate in the above-mentioned
Educational Tour/Visit to/at Ilm International School from Feb. 17 to
Feb. 17, 2024.

Signature: 

Date: 16 / 02 / 24



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DISCLAIMER FORM

PERMISSION TO PARTICIPATE AND PARENTAL CONSENT FORM
(Filled form to be submitted at DSW Office before travel)

Participant's Consent

Full Name of Student/Participant (First/Middle Last): Mantasha Mirza

Course: M.Sc. (J.C) Year: 1st yr/2nd Sem Batch 2023-2024

Home Phone #: 8840392504 Alternate Phone #: _____

I am interested in participating in Educational Tour/Visit to/at glu International School
from 17/02/24 to 19/02/24, 2024.

Signature: Mantasha

Date: 16 / 02 / 2024

HOD's Consent

Name of HOD: Abdul Rehman Khan

Department: Chemistry

I, have no objection if the abovementioned student attends and participates in the above-mentioned

Educational Tour/Visit to/at glu International School from 17/02/24 to 19/02/24, 2024.

Signature: Abdul Rehman Khan

Date: 17 / 02 / 24

Parent's Consent

Name of Parent (s) /Legal Guardian: Shafique Mirza

Address: Purani Bazar, Nanpara district Bahraich

City Bahraich State U.P Pin Code 271865

Home Phone # () 8545359528 Alternate Phone # () _____

Email Address: _____

I, the undersigned, certify that I am the parent or legal guardian of the above-mentioned Participant. I

hereby authorize my daughter/ward named above to attend and participate in the above-mentioned

Educational Tour/Visit to/at glu International from 17/02/24 to 19/02/24, 2024.

Signature: Shafique

Date: 16 / 02 / 24



DISCLAIMER FORM

PERMISSION TO PARTICIPATE AND PARENTAL CONSENT FORM

(Filled form to be submitted at DSW Office before travel)

Participant's Consent

Full Name of Student/Participant (First/Middle Last): Vaishnavi Dubey

Course: M.Sc (IC) Year: First Batch 2023-25

Home Phone #: 9411383101 Alternate Phone #: 9411383101

I am interested in participating in Educational Tour/Visit to/at Ilm International School
from Feb 17 to Feb 17, 2024.

Signature: [Signature]

Date: 16 / 02 / 24

HOD's Consent

Name of HOD: Prof. Abdul Rahman Khan

Department: Chemistry

I, have no objection if the abovementioned student attends and participates in the above-mentioned
Educational Tour/Visit to/at Ilm International School from Feb 17 to Feb 17
_____, 2024.

Signature: [Signature]

Date: 16 / 02 / 24

Parent's Consent

Name of Parent (s)/Legal Guardian: Rajew Dubey

Address: 83 Purnottam Vihar Phase 2, Kankhal

City Nandwar State Uttarakhand Pin Code 249408

Home Phone # () 9125083101 Alternate Phone # () 9125083101

Email Address: rajewdubey600@gmail.com

I, the undersigned, certify that I am the parent or legal guardian of the above-mentioned Participant. I
hereby authorize my daughter/ward named above to attend and participate in the above-mentioned
Educational Tour/Visit to/at Ilm International School from Feb 17 to
Feb 17, 2024.

Signature: [Signature]

Date: 16 / 02 / 24



DISCLAIMER FORM

PERMISSION TO PARTICIPATE AND PARENTAL CONSENT FORM

(Filled form to be submitted at DSW Office before travel)

Participant's Consent

Full Name of Student/Participant (First/Middle Last): Mohd Asim

Course: M.Sc Year: Ist year Batch: 2023-24

Home Phone #: 9839517201 Alternate Phone #: _____

I am interested in participating in Educational Tour/Visit to/at Ilm International School
from Feb 17 to Feb 17, 2024.

Signature: Asim

Date: 16 / 02 / 24

HOD's Consent

Name of HOD: ABDUL RAHMAN KHAN

Department: Chemistry

I, have no objection if the abovementioned student attends and participates in the above-mentioned
Educational Tour/Visit to/at Ilm International School from Feb 17 to Feb 17, 2024.

Signature: Abdullah Khan

Date: 16 / 02 / 2024

Parent's Consent

Name of Parent (s) /Legal Guardian: Abdul Bari

Address: Semra utwa Siddharth Nagar

City: Titwa State: U.P Pin Code: 272192

Home Phone # () 983977343 Alternate Phone # () _____

Email Address: asim983951@gmail.com

I, the undersigned, certify that I am the parent or legal guardian of the above-mentioned Participant. I
hereby authorize my daughter/ward named above to attend and participate in the above-mentioned
Educational Tour/Visit to/at Ilm International School from Feb 17 to
Feb 17, 2024.

Signature: Abdul Bari

Date: 16 / 02 / 24



DISCLAIMER FORM

PERMISSION TO PARTICIPATE AND PARENTAL CONSENT FORM

(Filled form to be submitted at DSW Office before travel)

Participant's Consent

Full Name of Student/Participant (First/Middle Last): Abhishek Upadhyay.
Course: M.Sc Year: 1st Batch: 2023-24
Home Phone #: _____ Alternate Phone #: _____
I am interested in participating in Educational Tour/Visit to/at Ilm International School
from Feb. 17 to Feb. 17, 2024.

Signature: _____

Date: 16 / 02 / 24

HOD's Consent

Name of HOD: Abdul Rahman Khan.
Department: chemistry
I, have no objection if the abovementioned student attends and participates in the above-mentioned
Educational Tour/Visit to/at Ilm International School from Feb. 17 to Feb.
17, 2024.

Signature: _____

Date: 16 / 02 / 24

Parent's Consent

Name of Parent (s) /Legal Guardian: Vijay Bahadur
Address: Kumarganj faizabad
City: Ayodhya. State: U.P Pin Code: 224153
Home Phone # () 9394390085 Alternate Phone # () _____
Email Address: abhishek123@gmail.com

I, the undersigned, certify that I am the parent or legal guardian of the above-mentioned Participant. I
hereby authorize my daughter/ward named above to attend and participate in the above-mentioned
Educational Tour/Visit to/at Ilm International School from Feb. 17 to
Feb. 17, 2024.

Signature: _____

Date: 16 / 02 / 24



**INTEGRAL
UNIVERSITY**



DISCLAIMER FORM

PERMISSION TO PARTICIPATE AND PARENTAL CONSENT FORM

(Filled form to be submitted at DSW Office before travel)

Participant's Consent

Full Name of Student/Participant (First/Middle Last): NADIMULLAH

Course: M.Sc Year: 1st Batch: 2023-24

Home Phone #: 7236899489 Alternate Phone #: _____

I am interested in participating in Educational Tour/Visit to/at Ilm International School
from Feb. 17 to Feb. 17, 2024.

Signature: Hurman

Date: 16 / 02 / 24

HOD's Consent

Name of HOD: ABDUL RAHMAN KHAN

Department: Chemistry

I, have no objection if the abovementioned student attends and participates in the above-mentioned

Educational Tour/Visit to/at Ilm International School from Feb. 17 to Feb. 17
_____, 2024.

Signature: [Signature]

Date: 16 / 02 / 24

Parent's Consent

Name of Parent (s) /Legal Guardian: Mushtaque Ahmed

Address: J17/187 A-2-A Shakkar Talab Varanasi

City Varanasi State Uttar Pradesh Pin Code 221001

Home Phone # () 8887652909 Alternate Phone # () 9369765542

Email Address: nadimsheikh121299@gmail.com

I, the undersigned, certify that I am the parent or legal guardian of the above-mentioned Participant. I

hereby authorize my daughter/ward named above to attend and participate in the above-mentioned

Educational Tour/Visit to/at Ilm International School from Feb. 17 to
Feb. 17, 2024.

Signature: [Signature]

Date: 16 / 02 / 24



DISCLAIMER FORM

PERMISSION TO PARTICIPATE AND PARENTAL CONSENT FORM

(Filled form to be submitted at DSW Office before travel)

Participant's Consent

Full Name of Student/Participant (First/Middle Last): Md. Shams Tabrez Khan

Course: M.Sc Year: 1st Batch: 2023-2024

Home Phone #: 970 9605272 Alternate Phone #: 7631284371

I am interested in participating in Educational Tour/Visit to/at Ilm International School
from Feb. 17 to Feb. 17, 2024.

Signature: Shams Tabrez

Date: 16 / 02 / 24

HOD's Consent

Name of HOD: ABDUL RAHMAN KHAN

Department: CHEMISTRY

I, have no objection if the abovementioned student attends and participates in the above-mentioned
Educational Tour/Visit to/at Ilm International School from Feb. 17 to Feb. 17
_____, 2024.

Signature: Abdul Rahman Khan

Date: 16 / 02 / 24

Parent's Consent

Name of Parent (s) /Legal Guardian: Md. Jabangir Khan

Address: Shekhpatti Muhammad Pur ward 03

City Darbhanga State Bihar Pin Code 843306

Home Phone # () 970-9605272 Alternate Phone # () 8340484740

Email Address: _____

I, the undersigned, certify that I am the parent or legal guardian of the above-mentioned Participant. I
hereby authorize my daughter/ward named above to attend and participate in the above-mentioned
Educational Tour/Visit to/at Ilm International School from Feb. 17 to
Feb. 17, 2024.

Signature: Jabangir Khan

Date: 16 / 02 / 24



DISCLAIMER FORM

PERMISSION TO PARTICIPATE AND PARENTAL CONSENT FORM

(Filled form to be submitted at DSW Office before travel)

Participant's Consent

Full Name of Student/Participant (First/Middle Last): Harshit Mishra

Course: M.Sc Year: Ist year Batch: 2023-24

Home Phone #: 9026267622 Alternate Phone #: 9616639521

I am interested in participating in Educational Tour/Visit to/at Ilm International School
from Feb. 12 to Feb. 12, 2024.

Signature: Harshit Mishra

Date: 16 / 02 / 24

HOD's Consent

Name of HOD: ABDUL RAHMAN KHAN

Department: Chemistry

I, have no objection if the abovementioned student attends and participates in the above-mentioned
Educational Tour/Visit to/at Ilm International School from Feb. 12 to Feb.
12, 2024.

Signature: [Signature]

Date: 16 / 02 / 24

Parent's Consent

Name of Parent (s) /Legal Guardian: Mr. Durgesh Mishra

Address: v/p- Samdaria Sant Kabir Nagar

City Khalilabad State U.P Pin Code 272175

Home Phone # () 9026267622 Alternate Phone # () _____

Email Address: sharshit01mishra@gmail.com

I, the undersigned, certify that I am the parent or legal guardian of the above-mentioned Participant. I
hereby authorize my daughter/ward named above to attend and participate in the above-mentioned
Educational Tour/Visit to/at Ilm International School from Feb. 12 to
Feb. 12, 2024.

Signature: Durgesh Mishra

Date: 16 / 02 / 24