

# CONSENT FORM

**TO PROVIDE COUNSELLING ASSISTANCE IN THE PRESENT SITUATION OF  
COVID-19**

**NAME** .....

**GENDER** ..... PGDGC/IDGC/DCGC Year .....

**CITY** .....

**PRESENT AFFILIATION** .....  
(School/organization/practice, etc.)

**CONTACT DETAILS** (for students, teachers, and parents to contact you):

**MOBILE/PHONE** .....

**Email** .....

**Whatsapp** .....

**ASSISTANCE TIMINGS** .....

**In the wake of the outbreak of Covid-19 pandemic, I volunteer to provide  
counseling assistance to students, teachers and parents free of charge.**

**Signature**