

**PRACTICE SCHOOL: KL deemed to be UNIVERSITY.**

**Practice School Data Form**

\_\_\_\_\_ Semester, \_\_\_\_\_ Program, A.Y. 20\_\_\_\_ - \_\_\_\_

University ID No										Branch:
Name of the Student										
Regional Office										
Manager, Regional Office										
Name of the PS Company										
Location of PS Company										

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**Letter of Undertaking by the Student**

I confirm that I received the letter of PS program allotment and I shall report to Regional Office on \_\_\_\_\_, I hereby undertake that I will abide by the rules and regulations of the Company allotted to me. I understand that I shall be liable for suitable disciplinary action in case of any violation of the PS guidelines as well as the company rules and regulations. I further undertake to complete the PS program in its true spirit.

I have read and understood the Code of Conduct printed overleaf and I shall abide by the same.

Date:

Name and Signature of the Student

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**Certificate by the Department Coordinator**

Certified that the above student has (a) undertaking by the parent and (b) signed the code of conduct form printed overleaf.

Date:

Department Coordinator

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**Certificate by the Head of the Department**

Certified that the above student has (a) cleared all dues to the Campus (b) found eligible as per academic guidelines and (c) no disciplinary action is pending against the student. He/She may be allowed to undertake the PS program.

Date:

Head of the Department