To,
The Visa Officer
Embassy of Georgia / VFS Global
New Delhi, India

Subject: Parental Consent for Minor Child's Study Visa Application

Respected Sir/Madam,

We, the undersigned,

Father's Name: _____

- Passport No: _____
- Date of Birth: _____
- Address: _____

Mother's Name: _____

- Passport No: _____
- Date of Birth: _____
- Address: _____

are the natural and lawful parents/legal guardians of our minor child:

Child's Full Name: _____

- Date of Birth: _____
- Passport No: _____
- Current Address: _____

We hereby give our full consent and authorization for our above-named child, a minor, to travel to **Georgia** for the purpose of pursuing studies at:

David Tvildiani Medical University, Rustavi, Georgia
Course Name/Program: MBBS
Duration of Course: 6 Years

We affirm that we have no objection to our child's study abroad, residence in Georgia, or visa issuance by the concerned Embassy. We further undertake full financial responsibility for our child's tuition fees, living expenses, travel, medical, and other costs incurred during the entire period of study in Georgia.

We also confirm that our child will abide by the laws of Georgia and return to India upon completion of studies.

Attached herewith are copies of our identity documents for verification.

Thanking you,

Yours faithfully,

(Signature of Father) _____
Name: _____
Contact No: _____

(Signature of Mother) _____
Name: _____
Contact No: _____

Place: _____
Date: _____