

PARENT/ AFFILIATED HOSPITAL LETTER HEAD

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DECLARATION FOR THE CLINICAL PERMISSIONS

This is to certify that this Hospital have done MOU with **(School/College Name)** and also students of this Nursing Institution have been permitted to undergo clinical postings at this **Parent/Affiliated Hospital**, under the supervision and guidance of our Medical and Nursing Staff, as part of their course requirements.

The Hospital agrees to provide access to clinical facilities, patient care areas, and appropriate learning opportunities in accordance with the students' curriculum. The students are expected to adhere to the Hospital's policies, maintain professional conduct and ethics, and ensure patient confidentiality at all times.

Yours sincerely

(Signature of the Managing Director)
with seal