Consent Affidavit Form for Employee

Affidavit of Consent for Employment-Related Activities

I,	, employed by					
	, in the position o	of				
	, hereby provide	my consent				
for the following purposes.						
Details of Consent						
 [] Participation in external professional training programs. [] Authorization for medical examinations as required by the employer. [] Use of my photograph for official company publications. [] Any other purpose as specified: 						
				Employer's Information		
				Company Name:		<u>.</u>
				Address:		
Contact Number:		-				
Conditions of Consent						
The consent is valid from	to	and				
may be revoked by written notice.						
Acknowledgment						
I declare that this consent is provided vo	oluntarily and with full under	standing of				
its implications.						
Signature and Date						
Employee Signature:						
Date:						

Vitness Details	
lame:	
Address:	
Signature:	_