



PHOTO CONSENT FORM
(Translate and/or read this statement thoroughly)

In accordance with Right to Confidentiality, India Vision Institute is seeking your consent to take, retain, use and disclose the photograph/video recording solely for educational purpose. On your endorsement, your content will be used:

- In external communications (including social media channels, websites, IVI's Newsletter)

If you give your permission, we will store your photograph securely for as long as it is relevant and only authorized staff will have access to them after which it will be archived with restricted access. We will not be using this photograph for any commercial purpose.

You have the right to refuse, and this will have no impact on the support you may receive from us.

Name of participant

Participant Declaration

Yes, I hereby grant consent to India Vision Institute to take photographs of myself to publish for any lawful purpose, including but not limited to their website, social media accounts, and promotion materials, either digital or in print, in perpetuity.

Date:

Signature:

Place (Organization Name):



No Objection Certificate

(to be filled by HOD or concerned person)

This is to certify that I, _____, (designation), from (name of organisation) have no objection in Mr./Ms./Mrs , an employee in our organization submitting image/s as part of IVI's Eye Imagery contest.

Signature of the HOD

Date: