



LEARNER AGREEMENT-ONLINE PROGRAM

The purpose of this agreement is to acknowledge acceptance of the identified roles and responsibilities for students and parents that request to enroll in online courses under AIIS.

Name of candidate _____ Age & Sex _____

Father's name _____ City _____

Address _____

Phone No . _____ E-mail ID: _____

Course _____ Session _____

Students

I have applied for the *Online Learning Course with AIIS*. I agree to abide by the following:

- I agree to maintain a study schedule and spend adequate time on my online course.
- I understand that I will have to put in more efforts to succeed than needed in the face to face course.
- I agree that it is my responsibility to ensure that my computer has adequate virus protection software and correct browser settings
- I agree to keep up with assignments, tests and other activities as suggested.
- I agree to communicate with my coordinator/Faculty regularly and whenever I have a problem, confusion or difficulty.
- I agree to participate in all activities of the course with all enthusiasm.
- I will participate in the contact program, onsite program, as per the course requirements.
- I recognize that any attempt by students to present as their own any work that they have not honestly performed is regarded by the faculty and administration as a serious offense and renders the offenders liable to serious consequences, including suspension.
- I affirm that I belong to the honorable community of Astron Institute of International Studies
- I will not lie, cheat or steal, nor will tolerate those who do. I pledge my full support to the AIIS System. I agree to be bound at all times by the AIIS System and understand that any violation may result in my dismissal from the program.
- I have read and understand the requirements regarding technology, library resources, time, text sharing, and the AIIS system for off campus courses in Astron Institute of International Studies. I commit to meeting these requirements.
- No part of our Lessons, or other course-related documents, may be reproduced, distributed, or transmitted in any form or by any means, including photocopying, recording, or other electronic or mechanical methods, without our prior written permission, except in the case of brief quotations embodied in critical reviews and certain other non-commercial uses permitted by copy right law.
- Involvement in any form of criminal activities leads to cancellation of my admission from the Institute. Concealment of information on this account will tant amount to

cancellation of admission if detected subsequently.

- I have carefully read & understood the student handbook as well as the Privacy policy, and the Refund policy of AIIIS besides all other clauses.
- Your feedback about the course in any form (textual format/ video) would be valuable for the organization in further strengthening the course and could be used for mass dissemination through various platforms.

1. Parent/ Guardian/ Witness

My child has access to a computer with Internet connection at home.

I can arrange for my child to have regular access to a computer with Internet connection at the local library, community center or other location.

I agree to support my student's success in online learning by providing all the help required. He has shown all the requisite papers & discussed all the details with me.

****Minimum eligibility to access the online programs would be 10+2 with / or without science subject to Medical Fitness for the following course:-**

Diploma Course	Certificate Course
1. Medical Transcript Technician	1. Nursing Administration & Management
2. Perfusion Technician	2. Medical Equipment Technician
3. Anesthesia Technician	3. Medical Coding Technician
4. Endoscopy Technician	4. Pediatric Nurse
5. Neurophysiology Technician	5. Trauma Nurse
6. Nuclear Medicine Technician	6. Diabetes Educator
7. CSSD Technician	7. Infection Control Nurse
8. Respiratory Technician	8. Medical Records and Health Information Technician
9. Critical Care Technician	9. Neonatal Nurse
10. Cardiac Care Technician	10. Phlebotomy technician
11. Dialysis Technician	11. Geriatric medicine
12. Radiology Technician	12. Home health aide
13. Medical Laboratory Technician	13. Medical law & bio ethics
14. Operation Theatre Technician	14. Front office desk manager
15. Medical Records And Health Information Technician	15. Critical Care Nurse
16. Diabetes Educator	16. Cardiac Care Nurse
17. Emergency Medical Technician	17. Oncology Nurse
18. Phlebotomy Technician	18. Quality Nurse

*Note: * For students who have not completed 18 years of age, signatures of Parent/Guardian is mandatory*

We acknowledge that we have reviewed this agreement together and understand our responsibilities.

Student's Signatures: _____ Parent/Guardian/Witness Signature: _____

Student Name: _____ Name: _____

Place: _____ Relationship with student: _____

Date: _____ E-mail: _____

Mobile No: _____