**INDIAN INSTITUTE OF INFORMATION TECHNOLOGY DESING AND MANUFACTURING**

**KANCHEEPURAM**

**Annexure 1: Approval form.**

**Details to be provided by the student along with vaccination proofs**

1. Name: Mobile number:
2. Father’s / Mother’s name: Mobile number:
3. Roll number:
4. Complete Contact Address:
5. Local / Nearest Guardian Name and Address Details with contact number:
6. Date and time of visit to the institute :
7. The mode of travel to be used for reaching the institute : ( Road / Rail / Air )
8. Number of Vaccination Doses Administered to You(Tick what applies) **0 1 2**
9. If partially vaccinated due date & tentative plan for the second dose:
10. Any history of previous medical conditions / comorbidity:

**Undertaking**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ son of / daughter of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ would like to visit the Institute, as per the academic schedule released and details provided above, on my willingness. I would follow all the guidelines stipulated by the institute / government agencies for protection against COVID – 19. We (student and parent) take full responsibility for this conscious decision of ours and are aware of the associated risks and shall not hold the institute responsible for any unforeseen scenarios. We hereby accord our consent below.

Signatures with date and place: (Student ) ( Father / Mother )

Approved / Not approved