

CONSENT FORM FOR SENDING MY WARD TO THE UNIVERSITY
(In compliance with order No. D.O 14-8/2020(CPP-II) from UGC November
5,2020 & No. DHE-010019/5/2020-Coordination-DHE State of Haryana ,
November 2, 2020)

As a sincere guardian and a responsible citizen of India, I understand that sending my ward to the university is completely at the discretion of the parents. I agree and accept the fact that Manav Rachna University, Faridabad has taken all possible measures to provide a safe and secure community to its students, staff and visitors. However, since it is practically not possible for the institution to prevent all risks of infection, I in all my conscience, willingly give the following consent:

1. I understand that I am free either to send or not to send my ward to the university.
2. I am submitting this Consent Form to send my ward to the university voluntarily.
3. In case of symptoms of COVID-19 I shall send him/her back to university again only when he/she completely recovers from COVID-19. I understand and accept the fact that fact that I shall have to submit an RTPCR negative COVID-19 test report to the university, when my ward joins back the university.
4. I accept full responsibility for familiarizing myself with the most recent updates and complying with the same at all times while on the university premises.
5. I understand and acknowledge that my ward will have to carry everyday to the university a mask (an additional extra if one gets lost or soiled) and sanitizer as well as download Arogya Setu app in his/her mobile.
6. I also understand that daily there will be thermal screening at the gate and student with temperature, more than 100 F, will either be sent back with the parents (If they come with parents) or made to sit in the isolation room and parents inform to come and take them home.
7. I will ensure that my ward follows all hygiene norms and health related guidelines of the University at all times.
9. I acknowledge that Manav Rachna University has done its best to implement recommendations of the Ministry of AYUSH, the Ministry of Health, State and Local Administrative, UGC & DHE guidelines and has put in place preventative measures to mitigate the spread of COVID-19.
10. However, because of the nature of the virus being so, the University cannot guarantee that my ward will not become infected with COVID-19. I understand and consent to

submit and comply with any testing; health monitoring and contact tracing protocol that the university has determined/may determine in future which is prudent to maintain a safe campus environment.

11. I understand and acknowledge that given the unknown nature of COVID-19, it is not possible to fully list each and every individual risk of contacting COVID-19. Hence, I shall not hold the university responsible in case my ward gets infected by it in future.
12. I understand that the university will take reasonable measures to ensure the confidential and private nature of the testing and health monitoring information it may obtain from students, however, the university may share such information with certain public health officials/local administration with a legitimate need to know this information.

DECLARATION AND CONSENT

I,, Father/Mother of studying in your university in Program..... Semester..... having registration no..... agree to abide by all the points stated above concerning COVID-19 or related issues as amended/updated from time to time by the university and communicated via SMS, E-mail or WhatsApp to students and Guardian's / Parents.

I hereby certify that my ward is not COVID positive and no one in the nearest family is infected nor we reside in containment zone and my ward has my consent to attend the University for Classes in physical mode.

I, accept and declare that though the university is taking all possible measures to check possibilities of infection yet in case my ward is infected, he/she will report to the university only when he/she is completely cured from Covid-19 and is certified accordingly.

Name of Parent Mr. / Ms.....

Signature with date

Name of the Student Mr. / Ms.....

Signature with date