# Undertaking from Parents/Guardian for staying in Hostel

Date:…………………….

To

The Admin. Warden/Warden

Hostel ………………………………………………….

Institute/Faculty/College/Department …………………..……

Rajasthan Institute of Engineering and Technology, Jaipur

*Sir/Madam,*

I Mr. /Ms Father/Mother/Legal Guardian

of Mr. /Ms ………………….......……….. student of class …………….… course ………………………..……

Enrollment no. ………..………Contact no. …………………………. for the session ……………….………….

do hereby undertake and confirm that I hereby permit my son/daughter/ward to stay in the Hostel of the Rajasthan Institute of Engineering and Technology, Jaipur to attend the regular classes during the COVID – 19 pandemic and the college authorities/administration will not be responsible if my son/daughter/ward contaminate any COVID – 19 symptoms after staying in the hostel. I do hereby confirm that my son/daughter/ward will compulsorily wear face masks within the college campus and follow all the COVID – 19 protocols such as washing hands, using sanitizers and maintaining social distancing etc.

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| **(Signature of Father/Mother/Legal Guardian)**  Address: ……………………………………………  ………………………………………………………  ………………………………………………………. Contact No. …………………………………………. | **(Signature of Student)**  Contact no. …………………………… |

# Undertaking from Parents/Guardian for attending Regular Classes

Date:…………………….

To

The Director/Dean/Principal/Prof. Incharge/Head …………………..

Institute/Faculty/College/Department …………………..……

Rajasthan Institute of Engineering and Technology, Jaipur

*Sir/Madam,*

I Mr. /Ms Father/Mother/Legal Guardian

of Mr. /Ms ………………….......………….. student of class …………….… course

………………………..……………………………………. Enrollment no. ……………………….

Contact no. ………………………….…. for the session ……………….…………. do hereby undertake and confirm that I hereby permit my son/daughter/ward to go to Rajasthan Institute of Engineering and Technology, Jaipur to attend the regular classes during the COVID – 19 pandemic and the college authorities/administration will not be responsible if my son/daughter/ward contaminate any COVID – 19 symptoms after attending the regular classes. I do hereby confirm that my son/daughter/ward will compulsorily wear face masks within the college campus and follow all the COVID – 19 protocols such as washing hands, using sanitizers and maintaining social distancing etc.

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| --- | --- |
| **(Signature of Father/Mother/Legal Guardian)**  Address: ……………………………………………  ………………………………………………………  ………………………………………………………. Contact No. …………………………………………. | **(Signature of Student)**  Contact no. …………………………… |