Self-Declaration / Undertaking by Student Returning to

Vidush Somany Institute of Technology and Research, Kadi

| To, | |
|---|--|
| Principal, Vidush Somany Institute of Technology and Research | |
| | |
| Sub: Regarding providing consent to permit my ward | d to attend offline classes at institute |
| Respected Sir, | |
| With reference to the guidelines issued by Governm | ent, |
| I (parent's name) | herewith give my consent |
| to my ward (student name) | |
| (enrolment no) studying at V | /SITR to attend offline classes at the institute. I |
| assure you and take all the responsibility that my w | ard shall follow all the instructions / guidelines / |
| standard operating procedure (SoP) issued by Gov | vernment / Institute / University, time to time. |
| Further, I state that the institute has not forced us to | o attend the classes and I provide my permission |
| understanding that the institute shall not responsible | e for any unfortunate spread of COVID-19 in spite |
| of following all the guidelines / instructions. | |
| We declare that, | |
| We shall submit the student's COVID-19 neg | gative test report upon reporting to the Institute |
| and I shall bear the cost of the test, if any. | |
| | rom fever, cough and breathing problem for past |
| 2 weeks, nor we belong to containment zone | |
| | |
| Student Name: | Parents Name: |
| Signature: | Signature: |
| Mobile No: | Mobile No: |
| Emergency Local/Nearby Contact Number: | Date: |

Note: COVID-19 Negative Test Report (conducted within 72 hours of joining the institute) is to be submitted on the day of joining the institute