SELF DECLARATION BY THE STUDENT

l	Class		Roll no	hereby declare that I have/
have not an	ny kind of the following symptoms by using	√/(yes, I have	e),X(No, I don't h	ave)
Sr. No.	Symptom	YES	NO	
1	Cough			affix photograph here
1 2 3 4 5	Fever			annx priotograph here
3	Sore throat/Running Nose			
4	Breathing problem			
5	Body ache			
	ot been in close contact with a person suffer ifying that I have not tested positive for CO			ial carrier of COVID-19 virus.
Signature :	Name :		No.:	
	Father/ Mother of Roll No Resident of			
	aughter to attend the college commencing v			
I under take	e that:-			
after the co 2) I ensure to hygiene to	that that my son/ daughter will follow all the ensure safety and health. that my son/daughter will follow all the SOI	ne guidelines a	nd maintain the co	omplete social distancing and
Signature of Parent: N		me :		
Mobile No.	(Father) :	(Mother) :		

FOLLOW THE COVID-19 RELATED GUIDELINES AS MENTIONED BELOW:

- 1) Wearing of Face Mask is necessary.
- 2) Maintain prescribed Social Distancing.
- 3) Frequently sanitize the hands and maintain personal hygiene. (Carry your own hand sanitizer having prescribed level of alcohol content).

Note: The college has already put in place measures to prevent the spread of COVID-19; however, the college administration will not be responsible for any kind of occurrence of COVID-19 infection.