

DECLARATION BY PARENT/GUARDIAN

I,.....M/F/G of Mr/Miss..... of class/program
..... Subject....., hereby declare that my ward is fully vaccinated, has no COVID-19
infection and is corona negative.

1. That, I have no objection in, and willingly sending my ward, as a hosteller, to the Indira Gandhi Tribal University, Amarkantak.
2. That, my ward is not suffering from any chronic life threatening illness that need advance medical care,
3. That, my ward is suffering from.....disease and is having necessary medication with himself.

Name & signature of Parent/Guardian:

Address:

Mobile No.:

.....

DECLARATION BY THE STUDENT

I,hereby declare that I shall follow all the COVID-19 related
protocols, as proposed by the Ministry of Health and Family Welfare, Government of India time to time.

1. That, I shall not be involved in any activity/activities that could increase the risk of COVID-19 on the campus and jeopardize the health of my colleagues/ hostel staffs.
2. That, in case of any illness during my stay in hostel, I shall inform the hostel administration in earliest possible time,
3. That, I shall abide by the instruction laid down by the University time to time.
4. That, I shall cooperate with the University authority in fight against corona pandemic.
5. That, I shall not leave the University campus provided there is an urgency or emergency, that too, with proper approval of the hostel authority.

Name & signature of the student/scholar

Received on.....(date).....(day)

Name and signature of the Hostel warden.....