

Self-Declaration / Undertaking by Students

I have gone through and understood the guidelines and protocols of the Institute/Government, pertaining to resumption of Institute Academic Activities. I state that I am aware that it is entirely voluntary for me to return to the Institute and that I am doing so of my own free will, having understood the risks inherent in commuting to, and doing Practical/laboratory work at the Institute in the current COVID-19 Pandemic.

I (.....), am returning/ returned from,
.....(Mobile number), on .../.../2020.

1. None of my family members where I was living (.....), is suffering from fever, cough and breathing problem for the past 2 weeks.
2. I am not having any disease like diabetes, hypertension or heart/ lung /kidney related• disease, etc.
3. I will wear face mask as well as any other prescribed protective gear and maintain physical social distancing in my class room/ Laboratories/ academic area/ hostels and in other areas of SIHM Kozhikode.
4. I will regularly wash my hands with soap and water for at least 40 seconds or clean them with alcohol-based sanitizer.
5. I will self-monitor my health every day after I return to the Institute. In case, I develop fever, cough, flu-like symptoms and/or breathing problem then I will inform about it to my Class Counselor / in charge. Also I will consult a doctor and follow medical advice.
6. I understand that there is always a possibility of getting infected by the virus. My parents/ guardians are also fully aware of my wish to return to the campus to attend contact classes of theory and practical.
7. In case of COVID-19 infection, I may require isolation, treatment and/or hospitalization outside the campus, for which I will follow government, laid down protocols.
8. I have installed Arogya Setu App in my mobile.

Name
NCHMCT Roll no.

Date

Signature

Self-Declaration / Undertaking by Parent

I, _____, parent of _____
_____, a student of year BSc H & HA in State
Institute of Hospitality Management Kozhikode, declare that I have no objection to my son/daughter
voluntarily going to the institute to attend contact classes, as scheduled by the Institute.,
from _____ December, 2020.

I further declare that

- i) I understand the risks of COVID-19 transmission in the present situation.
- ii) My son/ daughter is maintaining a good health and is not suffering from any illness at the moment.
- iii) I will not send my son/daughter to the Institute if he/ she is unwell and displays any symptoms like cough, fever, difficulty in breathing and bodily weakness.
- iv) I will immediately inform the Institute authority and the State Health department authorities if my son/daughter develops any sign of Covid-19.
- v) I will be available at short notice on my mobile no. _____ to receive any information from the Institute.

Name

Signature

Date

