

Enrolment No _____

UNDERTAKING FOR DAY SCHOLARS

I.....S/o/D/o.....
.....Enrolment Number..... hereby solemnly affirm and undertake that I am joining the Institute/College on my own responsibility and will follow all the SOP's/ guidelines formulated in respect of COVID-19 pandemic as modified and prescribed from time to time by the HIMSR /Govt. of India as well as the rules of the Institute.

In case, I am found to violate the prescribe SOP's / guidelines and the Institute rules or found not following the SOP's/ guidelines and Institute rules in totality, I shall make myself liable to appropriate action and HIMSR will have the full authority to impose any penalty against me and I shall have no claim whatsoever.

I declare and undertake that I shall abide by the above undertaking and also abide by the rules and regulation of HIMSR.

Country/State (From where student is reporting):.....

Place:.....

Date:

Signature of Student

Countersigned by:

Head of Department

Enclosures:

- **RTPCR Report (Not more than 72 Hours)**
- **Vaccination Certificate**
- **Parent's Consent form**