UNDERTAKING BY STUDENT & PARENT/GUARDIAN

# College of Medicine & Sagore Dutta Hospital, Kamarhati

**Name of Student** (in Capital):

# Year : Session : Roll No. :

Address :

Local Address (if any) :

**Vaccination status** : 1st Dose/ Both/ None

**Opted for Practical/Demonstration/Tutorial etc** - **Offline / Online** (clearly encircle any one choice)

**Opted for Lecture etc** - **Offline / Online** (clearly encircle any one choice)

I, ........................................................................................................................ (name of the student)

shall abide by the rules and regulations of Covid-19 Pandemic Protocols strictly.

I am aware that the Lecture, SDL and some other theoretical classes will be in online mode only at present. I shall arrange my own accommodation during offline classes till the allotment of hostel / I am now staying at Room No.-......................... of Hostel, COMSDH.

Full Signature of Student with Date

Full Signature of Parent/Guardian (relation) with Name & Date

# Send the filled up and duly signed proforma from the email of student to- principal.sdmch@gmail.com

* **Subject of the e-mail- UG class: [Year], [Roll No.]**