THAPAR POLYTECHNIC COLLEGE, PATIALA

THE UNDERTAKING FROM PARENT OR GUARDIAN

l	parent/guardian of
a student of Class	
Pat	iala undertake that I have no objection to my ward voluntarily going to College to attend the
cla	sses, as scheduled by the College Authorities, especially during the Covid-19 period, beginning
Nov	vember 16, 2020.
l f∪r	rther undertake and declare that:
a)	I fully understand the risks of Covid-9 transmission, which exist in the present situation. Accordingly, my ward would follow all precautions (including mask, distance and hand sanitization) and instruction issued by the Government/College from time to time.
b)	My ward is maintaining good health and is not suffering from any illness at this moment. Further, my ward is staying with any sick person, at least for last one week.
c)	I will not send my ward to the College if he /she is unwell and displays and symptoms like cough, fever, difficulty in breathing and bodily weakness.
d)	I will immediately inform the College Authority and the State Health authorities if any signs of illness appear in my ward.
e)	I will be available at short notice on my Mobile No to receive any information from the College if my ward becomes unwell while he/she is college.
	(Signature of Parent/Guardian with Date)
	(Signature of Parent/Guardian with Date) Name and address:
	Name and address:
	Name and address: (Signature of Student with Date)
	(Signature of Student with Date) Name of the Student
	(Signature of Student with Date) Name of the Student (For office Use Only) In view of the above undertaking given by the parent/guardian, the student (day-scholar/Hostler) under reference may be allowed to attend the classes at his/her own risk of Covid-19-
	(Signature of Student with Date) Name of the Student (For office Use Only) In view of the above undertaking given by the parent/guardian, the student (day-scholar/Hostler) under reference may be allowed to attend the classes at his/her own risk of Covid-19-as per the schedule.

(Signature of Head of Department with Date)

THAPAR POLYTECHNIC COLLEGE PATIALA

Self-Declaration/Undertaking by Students

Date:/2020		
Respected Sir / Madam,		
I have gone through and understood the guidelines and protocols of the Institute, pertaining to resumption of face to face classes. 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 attend classes at the College in the current COVID-19 Pandemic.		
I (), am returning/ returned from		
(Residence address)		
Mobile number).		
I declare that		
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 I shall submit COVID-19 negative test report within 48-72 hours after reporting to TPC, Patiala as per notified schedule and I shall bear the cost of the test. None of my family members where I was living (), is suffering from fever, cough and breathing problem past 2 weeks. 		
 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 TPC, Patiala campus. 		
 I will regularly wash my hands with soap and water for at least 20 seconds or clean them with alcohol based sanitizer. 		
 I will use Aarogya Setu and Cova Apps on my mobile and they will remain active at all times (through Bluetooth and Wi-Fi) 		
 I will self-monitor my health every day after I return to the college. In case, I develop fever, cough, flu-like symptoms and/or breathing problem then I will inform about it to my Mentor/Warden/Class in-charge/Head of department immediately. Also I will consult a doctor and follow medical advice. 		
 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 start attending face to face classes. 		
 I also understand that TPC, Patiala has a health center with doctor available. However 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. 		
Registration Number and Signature of the student:		
Emergency contact 1: Emergency Contact 2:		
Name & Signature of Mentor :		

Name & Signature of Head of Department: