

## UNDERTAKING – REOPENING OF INSTITUTIONS

[student as well as parent]

**Full Name [of student]:**

**Age:** **Male**  **Female**

**Address for communication:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**City:** **Pincode:**

**Phone Number [s]:** Residence: \_\_\_\_\_ Mobile : \_\_\_\_\_

**Phone Number [parents]:** Mobile: \_\_\_\_\_ Mobile : \_\_\_\_\_

**Email:** Self \_\_\_\_\_ Parents \_\_\_\_\_

**Professional Year:**

### Undertaking

I understand that my son/ daughter shall proceed to attend his/ her institute to continue with the academic program. I declare that to the best of my knowledge, he/ she is not suffering from any illness. A copy of RT-PCR test for COVID-2019 is being attached herewith.

I also declare that I have read the guidelines issued by the institution [along with my son/ daughter] and assure compliance to all instructions given from time to time.

**Signature of Student**  
**Name of Student**

**Signature of Parent [s]**  
**Name of Parent [s]**