

STUDENT DECLARATION

I, (Student Name) _____, Father/Mother/Guardian Name _____

Residential Address /Village _____, Age _____ Course _____,
Semester _____, Roll No _____.

Hereby declare to abide with the Standard Operating Procedure (SOP) in view of COVID- 19 guidelines and

Herewith enclose a Medical Certificate certifying that I am COVID- 19 negative.

Dated:

Place:

Parent/Guardian Signature:

Student Signature:

Name of the Parent/Guardian:

Name of the Student:

Mobile No:

Mobile No: