

SELE-DECLARATION UNDERTAKING BY STUDENT / PARENT FOR
REJOINING FOR ATTENDING CLASSES OF MBBS CURRICULUM IN
DIAMOND HARBOUR GOVERNMENT MEDICAL COLLEGE, DIAMOND
HARBOUR UNDER THE COVID-19 PANDEMIC SITUATION.

Respected Sir /Madam,

I have gone through and understood the guidelines and protocols of the Institute, pertaining to resumption of academic activities. 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 attending classes, practical classes, clinics and tutorials at the Institute during the current COVID -19 Pandemic.

I(Name), returning from
.....(place), on /
2021, at hours, declare that:

- I shall submit COVID-19 negative test report, done 72 hours before on reporting to Diamond Harbour Govt. Medical College as per notified schedule.
- My family members where I was living were suffering / not suffering from fever, cough and breathing, diarrhea, loss of smell, loss of taste problems since past 2 weeks.
- I am having / not having any disease like diabetes / hypertension / other heart disease / chronic lung disease / chronic kidney disease / H/O taking immunosuppressive for any disease etc.
- I will wear face mask as well as any other prescribed protective gear and ensure sanitization of hands / hand washing with soap and water regularly.
- During my stay in the hostel, I will stay in my own room.
- I will refrain from gathering with my friends indoors.
- I will avoid meals / food from outside, and consume meals / food from canteen only. During meals, as far as possible, I will try to avoid crowd in the canteen, and take meals alone.
- I will not entertain any visitors within the hostel (Own room or Visitor's room).
- I will use Aarogya Setu App on my mobile and they will remain active at alltimes (through Bluetooth or Internet).
- I will self-monitor my health every day after I return to the Institute.

- In case, I develop fever, cough, flu-like symptoms and/or breathing difficulty, diarrhea, loss of smell, loss of taste then I will inform about it to my Hostel Superintendent / Dean of Student Affairs/ Principal for necessary management arranged by college authority.
- I also understand that in case of COVID-19 infection I may require isolation, treatment and/or Hospitalization inside or outside the campus, for which I will follow the laid down government protocols.
- I understand that there is always a possibility of acquiring communicable infections including Corona virus disease due to the nature of campus of the Medical College and Hospital.
- My parents/ guardians are also fully aware and have consented to my return to the campus to participate in the academic activities conducted in the classrooms, laboratories, wards, health centres and other associated places.

Parent / Guardian signature with date

Mobile No:

Student signature with date

Roll No:

Mob No: