

Sarosh Institute of Hotel Administration
SELF DECLARATION CUM CONSENT FORM

I _____ Student of _____ (Semester/ Year) of _____ Programme (BHM), Son/Daughter of _____ a resident of _____, hereby declare the following:

1. That, I have read the instructions, guidelines and relevant documents pertaining to the special arrangements made for Semester Classes – 2020-21 in lieu of the COVID-19 pandemic..

2. I have _____ the following symptoms: (Please tick, wherever is applicable to you, otherwise leave blank)

Fever Cough Breathlessness Sore throat/Runny nose Body ache

None others please specify: _____

3. I have _____

a. been in close contact with a confirmed case of the COVID-19. (Close contact means being not less than 2 meters.

b. not been in close contact with a person suffering from COVID-19 and am NOT under mandatory quarantine.

c. travelled to/ from the following Cities/Country in the last 14days prior to arriving at the centre. (Name the city)

4. The health and wellbeing of our community is our first priority, therefore the College reserves the right to deny entry to its premise.

5. I/ we have read the detailed ‘ADVISORY AND IMPORTANT INSTRUCTIONS’ for students. I undertake to abide by the same.

6. I/ we take full responsibility of the decision to attend the Offline Theory/Practical Classes

7. I/ we will not hold any one responsible for any consequences (health or other)

I, hereby provide my consent for my son/daughter to attend offline classes in the College.	Student’s Signature
Parent Signature (attach valid ID proof of parents with self- attestation should be done prior to entry)	