

**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.

Parent/Guardian Signature

Student Signature

Name of the Parent/Guardian

Name of the Student

Mobile No:

Mobile No: