



भारतीय सूचना प्रौद्योगिकी संस्थान राँची

Indian Institute of Information Technology Ranchi

(An Institute of National Importance under an Act of Parliament)

Ranchi, Jharkhand, India

Parents Undertaking & Self-Declaration

Date:/...../2021

To
The Registrar

Indian Institute of Information Technology Ranchi

Dear Sir,

I have gone through and understood the guidelines and protocols of State Government/Central Government, pertaining to social distancing and hygiene, I state that I am aware that it is entirely voluntary for me to return to the hostel and that I am doing so on my own free will, having understood the risks inherent in commuting to, and attending the Institute to continue my academic activities for this semester in offline mode .

I, Mr. /Ms....., Programme....., Reg. No., student of Indian Institute of Information Technology Ranchi Semester, permanent resident of..... Phone No..... (give permanent home address with telephone no.), do hereby undertake on this the..... (Day), of.....(Month..... (Year), the following:-

- I am not having fever, cough and breathing problem (from last 2 weeks).
- None of my family members where I was living (.....), is suffering from fever, cough and breathing problem past 2 weeks.
- I am not having any disease like diabetes, hypertension or heart/ lung /kidney related disease, etc.
- I will wear face mask as well as any other prescribed protective gear and maintain physical social distancing in Hostel, Mess and Institute Campus.
- I will regularly wash my hands with soap and water for at least 20 seconds or clean them with alcohol-based sanitizer.
- I will use Aarogya Setu App on my mobile and it will remain active at all times (through Bluetooth and Wi-Fi).
- 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 problem then I will inform about it to the Hostel Warden, also I will consult a doctor and follow medical advice.
- I understand that there is always a possibility of getting infected by the virus. My parents/ guardians are also fully aware of my wish to return to the campus.
- I have taken at least one dose of vaccination and I will produce the vaccination certificate at the timing of joining the Institute.
- I also undertake that during my stay in the campus, I will stay in the room allotted to me and I will not roam in the campus or outside the campus unnecessarily.

Signature of Student
Name of Student:
Reg. No. of Student:
Mobile Number:

Counter Signature of Parents /Legal Guardian
Contact number of Parents / Legal Guardian: