

Skill Development Institute, Bhubaneswar (SDIB)

COVID-19 Undertaking by student

1. I..... enrolled into the course..... hereby declare that I am following all the mandatory guidelines as outlined by the government with respect to COVID19 pandemic.
2. I am aware of the guidelines framed by my institute with respect to COVID19 for taking necessary precautions to curb the spread of the virus and inflict social damage.
3. I was not in contact with any COVID19 positive case. If I come in contact with any COVID19 positive case in future, I will immediately inform the institute authorities and take necessary precautions so to avoid any further spread of the virus in the campus.
4. I have not tested positive in the last 14 days. If I suffer from fever/cold/cough or develop any symptoms such as loss of smell or any other symptom identified by Department of Health, GoI as a probable COVID19 symptom, I will immediately isolate myself and inform respective authorities to take the necessary steps to curb further damage.
5. If I am leaving the campus and then coming back during the time of the pandemic, I **will produce a negative RTPCR test mandatorily (conducted within 72 hours prior to entry into campus)** to ensure safety of myself as well as the rest of the members inside the institute.
6. I will make sure that I keep myself updated with the COVID19 protocols for the institute which may be revised from time to time to ensure safety of all the members associated with the institute.
7. I declare that I will follow all the necessary COVID19 guidelines, framed by the institute, for the entire duration of my stay at the campus.

Name.....

Date.....

Address.....

Signature of Student.....

Skill Development Institute, Bhubaneswar (SDIB)

COVID-19 Undertaking by Parent

1. I.....F/O.M/O..... hereby provide consent for my ward to undergo training at Skill Development Institute, Bhubaneswar considering that the training sessions shall commence in the month of August 2021.
2. I understand that the training shall commence during a time when the pandemic is not yet over in the country or the state of Odisha.
3. I fully understand the impact of COVID19 and the importance of following necessary precautions by respective individuals at the campus.
4. I understand that the trainee is supposed to stay inside the hostel during the entire duration of the course and should therefore follow the necessary guidelines for safety during the COVID19 pandemic.
5. I agree that the institute may conduct random health check-ups in the campus as per requirement.
6. I understand that if a trainee develops COVID19 symptoms or tests positive for the same at any point during the tenure of the course, he/she is to be immediately withdrawn from the institute's campus to ensure safety of the institute and its members.

Name.....

Date.....

Address.....

Signature of Parent/Guardian.....