



केन्द्रीय प्रौद्योगिकी संस्थान कोकराझार
CENTRAL INSTITUTE OF TECHNOLOGY KOKRAJHAR

Deemed to be University, MHRD, Govt. of India
Kokrajhar, BTAD, Assam 783370

www.cit.ac.in

DECLARATION FORM

FOR ATTENDING OFFLINE CLASSES/ AVAILING ACCOMMODATION IN HOSTELS

Declaration by the student: -

I Mr./ Miss. _____ Dept. of _____

Roll No. _____, Semester _____

Hostel _____ Room no. _____ in conformation with the

directions of Central & State Government of India, relating to the security/ preventive measures for the prevailing Covid-19, declare that I, during my stay in the hostel campus would abide by the necessary guidelines as specified below: -

- 1. Done Covid19 test and found negative.**
- 2. Compulsion of wearing a mask.**
- 3. Maintenance of 06 feet of physical distancing.**
- 4. Follow personal hygiene norms strictly.**
- 5. Avoid staying in groups.**
- 6. No unnecessary loitering within the campus and its vicinity.**
- 7. Avoid spitting around.**
- 8. Sanitizing hand and feet before entering the hostel.**
- 9. Strict confinement to respective room and restrict visiting other's rooms.**
- 10. Immediately report to Doctor for any kind of health issues.**

I further state that I would be fully responsible for all my actions during my stay within the institute campus, and I hereby agree to maintain and follow the decorum as set by the institution.

Signature of the Student: _____ Date: _____

Phone no _____ Email-id _____

Declaration by Guardian: -

I the undersigned guardian of the above-mentioned student, agree to advice my child to strictly follow the above mentioned COVID-19 guidelines adopted by the institute for reopening of the offline classes/ hostels and I have no objection in sending my child to the institute for attending the classes in campus.

Name and Signature of Guardian with date: