## **UNDERTAKING BY STUDENT & PARENT/GUARDIAN**

## Bankura Sammilani Medical College, Bankura

Name of Student (in Capital):

Year :	Session :	Roll No. :

Address :

Local Address (if any) :

Vaccination status : 1<sup>st</sup> Dose/ Both/ None

**Opted for Practical/Demonstration/Tutorial etc** - **Offline / Online** (clearly encircle any one choice)

Opted for Lecture etc - Offline / Online (clearly encircle any one choice)

I, ..... (name of the student) shall abide by the rules and regulations of Covid-19 Pandemic Protocols strictly.

Full Signature of Student with Date

Full Signature of Parent/Guardian (relation) with Name & Date

- Send the filled up and duly signed proforma by 28<sup>th</sup> July, 2021 from the email of student tobsmcacademic@gmail.com
- Subject of the e-mail- UG class: [Year], [Roll No.]