

**STUDENT DECLARATION**

I (Student Name) \_\_\_\_\_,

Father's/Mother's/Guardian Name \_\_\_\_\_,

Residential Address/Village \_\_\_\_\_, Age \_\_\_\_\_,

Course \_\_\_\_\_, Year \_\_\_\_\_, 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.

**Dated:**

**Place:**

**Parent/Guardian Signature:**

**Student Signature**

**Name of the Parent/Guardian:**

**Name of the Student**

**Mobile No:**

**Mobile No:**