**SRI BALAJI VIDYAPEETH (SBV)**

(Deemed to be University)

Accredited by NAAC with A Grade

**Declaration form to be signed by the student and their parents**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Undergraduate studying in First Year / Final year MBBS at Mahatma Gandhi Medical College and Research Institute / Shri Sathya Sai Medical College and Research Institute hereby declare that currently I do not have any symptoms suggestive of COVID 19 infection and that I am in a position to join the Clinical / Practical training to be commenced at the college. In case, I develop symptoms / signs of COVID 19, the authorities may take action as per the protocol set by the Govt. of Puducherry / Tamil Nadu, with respect to COVID 19 cases.

We also understand that if my ward is tested positive for Corona Virus, he / she will not be allowed to take up the Clinical / Practical sessions / examinations till he / she is tested negative for COVID – 19.

**Note:** The University / College will not be held responsible if a student develops any of the

signs or symptoms pertaining to Corona Virus before or during or after the conduct

of the training sessions / Examinations.

Signature of the candidate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of the candidate:--------------------------------------- UIN: ­­­­­ \_\_\_\_\_\_\_\_\_\_\_\_\_

College: …………………………………………………………………………..

Signature of the Parent: …………………………………………………………………

Date: