

STUDENT DECLARATION

I (Student Name) _____, Father/ Mother/ Guardian Name

_____ Residential Address _____

_____ Age _____ Department _____

Semester _____ Roll No. _____ hereby declare to abide with the Standard Operation Procedure (SOP) in view of COVID-19 guidelines and herewith providing the details of Vaccination below.

Aadhar No. _____ Mobile No. _____

No Vaccination 1st Dose 2nd Dose

(Note: Tick the appropriate box for vaccination dosage taken)

Parent/ Guardian Signature

Student Signature

Name of the Parent/ Guardian

Name of the Student