



FHRAI INSTITUTE OF HOSPITALITY MANAGEMENT, GREATER NOIDA

COVID 19 UNDERTAKING FORM STUDENT/PARENT/GUARDIAN

I/We, _____ Parent/Guardian of Mr./Ms. _____ bearing Roll No. _____ of (B.Sc.(H&HA)/Diploma) in _____ courses at FHRAI-IHM, Greater Noida, declare that I have no objection to my ward voluntarily going to college to attend on campus classes in the future.

I/we further declare that:

- I/we understand the risks of COVID-19 transmission which exist in the present situation.
- My ward is maintaining good health and is not suffering from any illness at the moment.
- I/we will not send my ward to the College if he/she is unwell and displays any symptoms like cough, fever, difficulty in breathing and bodily weakness.
- I/we will immediately inform the College authority and the State Health authorities if any signs of illness appear in my ward & will go for Covid-19 tests & submit the report to the institute Email.
- I/we will be available at short notice on my mobile no. _____ & E-mail ID _____ to receive any information from the College if my ward becomes unwell while he/she is in college.
- My ward will maintain personal & workplace hygiene as per the COVID-19 protocols at the institute.

Signature of student: _____

Signature of parent: _____

Name of Student: _____

Name of Parent/Guardian _____

Course: _____

Mobile No.: _____

Roll No.: _____

E-mail: _____

Mobile no: _____

Address: _____

E-mail: _____

