

## No objection Certificate of Parents/ Guardian

I,.....Father/Mother/Guardian of .....

RollNo. .... Class.....have gone through the Assam Govt. Standard Operating Procedure ( No. ASR.01/2020/Pt-ii/18 dated, Dispur the 16<sup>th</sup> September, 2020) available in the college website and know that Govt. of Assam is of the opinion that Classroom classes be started form 21/09/2020.

In this regard, the College authority has informed us that if any students willing to attend Classroom classes then condition laid in the SOP will have to be followed by the student strictly. **The student may also opt to attend the classes in online mode at the same time from home.**

So I, .....hereby declare that,

1. I have not so far observed any symptom alike to Covid-19 in my ward and if observed I will inform the College authority and stop him/her from attending Classroom classes.
2. Our dwelling House not falls in any containment zone declared by Govt.
3. Nobody from our family has been infected by Covid -19 in last 28 days.
4. My ward will always use face cover or mask while inside campus.
5. He/She will maintain Physical distancing of at least 6 feet.
6. He/She will not touch Face, Mouth, Eye and nose without washing or sanitizing his or her hand.
7. He /She will maintain queue at the time of entrance and leaving college.
8. He/She will strictly follow respiratory etiquettes.
9. He/She will avoid spitting inside campus.
10. He/She will avoid coming to college if sick and if feel sick while staying at college will immediate separate himself or herself and inform any staff nearby.
11. He/She will volunteer himself or herself for testing if required.
12. He will bring all necessary book, Copy, Pen, Water etc and will not share this with anybody in the class.

Therefore, I am sending my ward to Science College, Kokrajhar to attend classroom classes and I will not held the college authority or anybody else responsible if my ward somehow experiences covid 19 infection in this process.

.....  
(Signature of Father/Mother/guardian)

Date:

Phone No:

Address:

.....  
( Signature of the Student)