

UNDERTAKING

NEW NORMAL COVID 19 NORMS: STUDENT DECLARATION FORM ON REPORTING FROM HOME STATION TO RASHTRIYA MILITARY SCHOOL, BENGALURU

1. I _____ Cadet No _____ Class _____ am returning from _____
_____ (District /State).

2. During the COVID 19 lockdown period I stayed with (✓)

(a) My Parents/Relatives/Friends,

Address : _____

Contact Details : _____

(b) Stayed on my own at _____

3. I submit that :- (✓)

(a) I was affected by COVID 19 and treated **(Yes/No)**

(b) I am not affected by COVID 19 **(Yes/No)**

(c) My relatives at my home town/village were infected with COVID-19 **(Yes/No)**.

(d) Anybody from my home town/village/mohalla infected with COVID-19? **(Yes/No)**.

(e) I have come across any persons who were suffering with above disease? **(Yes/No)**.

(f) I/My parents undertaken any recent travel abroad/other states/other districts/cities. **(Yes/No)**. If yes give details.

4. I submit that I am hale and healthy. I do not have medical issues of pandemic/epidemic ailment.

(Signature of the Student)

Date:

(Signature of Parent(s)/Guardian)

Date:

CONSENT FORM

From:

Date:

To,

The Principal
Rashtriya Military School
Opp Johnson Market, Hosur Road,
Museum Road Po, Bengaluru
Karnataka-560025

SUB: CONSENT TO REPORT TO THE SCHOOL

Respected sir,

I, _____, father / mother of _____, Cadet No _____ student of Class _____, Rashtriya Military School Bengaluru of academic session 2021-22, consent that my ward to report to the School on 25 Sep 2021, to attend contact classes / Tests, as per CBSE and Karnataka State Govt guidelines, and I am fully aware/conversant of the norms in vogue, as per these guidelines.

He is not suffering from COVID 19 as on date as per test results, which are being furnished for your ready records.

He will adhere to all safety protocols in vogue in the School and cooperate with the School Authority / Management, in ensuring safety and wellbeing of fellow beings in School.

He will report of any ailment to Class Teacher/House Master/Hostel Supdt, in order to ensure that remedial measures, as deemed necessary, are initiated.

He may be admitted to the CHAF/ any of the empanelled hospital, identified by the School, in case of testing positive for COVID 19.

I will not hold the management and the Institute responsible for any major health outcome of my ward.

Signature of Parent: _____

Name : _____

Address for corr : _____

Contact number : _____

Email : _____