



Shri Guru Ram Rai Institute of Medical & Health Sciences
Shri Mahant Indiresht Hospital

Patel Nagar, Dehradun - 248 001

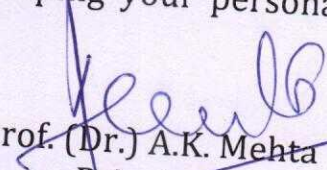
SGRR/MC/Notice/2020/-36357

Date: 14/12/2020

Notice for Students
(Reopening of Medical College)

In accordance with the advisory issued by NMC vide notification no. NMC/Secy/2020/05 dated 25/11/2020 and directions from Government of Uttarakhand vide letter no. 1349/XXVIII(5)/2020-03(मे0का0)/2020 dated 28/11/2020, classes for students of batches 2017 & 2018 shall commence from 21/12/2020. Students are directed to report to the hostel from 18th December, 2020 onwards. All students shall bring a negative report of RTPCR of COVID-19 at the time of entry in the hostel. They will also have to submit an undertaking by students and consent by their parents that they will follow all the standard operating procedures (SOPs) prescribed by local administrative/ State Government/ Central Government (format of undertaking and consent letter attached).

Wearing of mask in compulsory in the Campus and keeping your personal sanitizer is mandatory.


Prof. (Dr.) A.K. Mehta

Principal

PRINCIPAL

SGRR Institute of Medical & Health Sciences
Patel Nagar, Dehradun

Copy to:

1. The Hon'ble Chairman Sir, SGRR Education Mission.
2. Vice Chancellor, SGRR University for information.
3. Registrar, SGRR University for information.
4. Advisor to Chairman for information.
5. Warden, MBBS Boys & Girls Hostel for information.
6. IT department to upload the same in college website.
7. Caretaker, MBBS Boys & Girls Hostel for information.
8. Notice Board

Prof. (Dr.) A.K. Mehta
Principal

Undertaking by students

(Rs.10 Stamp duty)

I the undersigned Mr./Ms. _____ S/o / D/o
_____, MBBS student of batch _____, hereby
understand that I am a responsible Medical student and I shall follow all the standard
operating procedures (SOPs) for arrest of spread of COVID-19 infection, as advised by
Government of India/ State Government. I am willingly coming to attend the classes and
stay in the Hostel and shall follow all standard operating procedures (SOPs) and in case
I develop COVID-19 infection, I shall be responsible for the same and there would be no
liability in part of Institution and its management.

My parents have consented for my joining to the institution (Consent letter from parents
attached).

Deponent _____

Name: _____

MBBS Batch: _____

Consent by Parents/ Guardian

I the undersigned Mr./Mrs./Ms. _____ F/o / M/o / G/o
_____, student of MBBS _____ batch of your
institution, hereby give formal consent for my ward to attend classes and stay in the
Hostel at your institution. We fully understand the risk involved and there shall be no
liability of the institution and its management. My ward shall follow all standard
operating procedures (SOPs) prescribed by local administrative/ State Government/
Central Government.

Deponent _____

Name: _____

F/o /M/o/ G/o: _____

MBBS Batch: _____