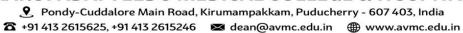


VINAYAKA MISSION'S RESEARCH FOUNDATION - Deemed University, Salem

(Declared as Deemed to be University u/s 3 of UGC Act, 1956. NAAC Accredited)

AARUPADAI VEEDU MEDICAL COLLEGE & HOSPITAL



* DECLARATION BY STUDENT

I, the undersigned,		
studying in	MBBS @ AVMC, Pondicherry, son/ daughter of	
, declar	e that by signing this form, I agree to attend Onsite	
Classes (Theory & Practical/ Clinical) at AVMC for the academic year 2021 pure		
on a voluntary basis on my	own.	
I am aware of all the safety precautions to be taken for COVID-19 and I hereby		
agree to follow the entire SOP given as per the direction of UGC / NMC /		
VMRF University. I hereby take the full responsibility for my own health and		
welfare. I will ensure that I	will comply with the institutional polices issued	
from time to time for my o	wn safety and well-being.	
If I fail to do so and am infected by COVID-19, the college will not be held		
responsible and I will not take any action against the college for any untoward		
experience caused.		
If I am not vaccinated, I as	sure you that I will get vaccinated as per GoI and	
Institutional policies.		
Signature of the Student:	Date:	
Name of the student:		
Reg No:		

*To be signed by the student and submitted at the time of reporting to College.



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AARUPADAI VEEDU MEDICAL COLLEGE & HOSPITAL



₱ Pondy-Cuddalore Main Road, Kirumampakkam, Puducherry - 607 403, India

* PARENT CONSENT FORM

I have no objectio	n to my ward,	, Reg. No
studying in	MBBS @ AVMC, Po	ndicherry,for attending onsite Classes
(Theory & Practic	al/ Clinical) at AVMC fo	r the academic year 2021.
I hereby declare t	hat I have read through	the contents of the Institutional SOP
received and will	ensure that my ward ad	heres to the safety precautions at all
times.		
I shall take the fu	ll responsibility for the	health and welfare of my son / daughter.
I will ensure that	my son/daughter will o	omply with the institutional polices
issued from time	to time for his/her owr	n safety and well-being.
I also understand	that if my ward is infect	ted by COVID-19, the college will not be
held responsible.	I will not take any actio	n against the college for any untoward
experience caused	d.	
I have no objecti	on to my ward getting	vaccinated as per GoI and Institutional
policies.		
Name of the Pa	rent/Guardian :	
Signature of the	Parent/Guardian:	
Contact No:	Place:	Date:

^{*}To be submitted on the day your ward comes to the College.