



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

Pondy-Cuddalore Main Road, Kirumampakkam, Puducherry - 607 403, India
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*** DECLARATION BY STUDENT**

I, the undersigned, _____, Reg. No: _____
studying in _____ **MBBS @ AVMC, Pondicherry**, son/ daughter of
_____, declare that by signing this form, I agree to attend Onsite
Classes (Theory & Practical/ Clinical) at AVMC for the academic year 2021 purely
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 policies issued
from time to time for my own 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 assure 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.



*** PARENT CONSENT FORM**

I have no objection to my ward, _____, Reg. No. _____
studying in _____ **MBBS @ AVMC, Pondicherry,** for attending onsite Classes
(Theory & Practical/ Clinical) at AVMC for the academic year 2021.

I hereby declare that I have read through the contents of the Institutional SOP
received and will ensure that my ward adheres to the safety precautions at all
times.

I shall take the full responsibility for the health and welfare of my son / daughter.
I will ensure that my son/daughter will comply with the institutional policies
issued from time to time for his/her own safety and well-being.

I also understand that if my ward is infected by COVID-19, the college will not be
held responsible. I will not take any action against the college for any untoward
experience caused.

I have no objection to my ward getting vaccinated as per GoI and Institutional
policies.

Name of the Parent/Guardian :

Signature of the Parent/Guardian:

Contact No:

Place:

Date:

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