



**NATIONAL INSTITUTE OF TECHNOLOGY DURGAPUR**

**Mahatma Gandhi Avenue, Durgapur 713209, India**

**[www.nitdgp.ac.in](http://www.nitdgp.ac.in)**

**(An Institute of National Importance under Ministry of Education, Govt. of India)**

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**Declaration Form for All PhD/Project Scholars**

**Please Tick (HOSTEL boarder / Day Scholar)**

1. NAME AND CONTACT NO OF THE STUDENT:
2. CATEGORY: TICK ( INSTITUTE / PROJECT FUNDED SCHOLAR )
3. ROLL NO: NAME OF THE DEPT.:
4. NAME OF THE SUPERVISORS:
5. DATE OF VACCINATION: 1<sup>ST</sup> DOSE: 2<sup>ND</sup> DOSE:
6. HAVE YOU EVER CONTRACTED COVID 19 (If yes, Mention Date):
7. NAME OF FATHER/ GUARDIAN (With Phone No):
8. ADDRESS:
9. HOSTEL AND ROOM NO:
10. PERIOD OF STAY REQUIRED AT HOSTEL:

I request you to allow me to access the Dept. Lab. of the Institute to accelerate my research at NIT Durgapur. I assure you that I shall obey all rules and regulations of the institute and is bound to follow the SOP issued by the Ministry of Health & Family Welfare time to time.

**Signature of the student**

**Declaration of the Supervisor(s):** The research work to be carried out by the student during this time period **is the case of extreme exigency. I shall be on station during this time period.** In any unusual situation, I/We will extend my/our supports to the student, if required.

**Signature of Supervisor(s)**

**Phone No.:**

**Recommended by**

**Signature of HOD (With Seal)**



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**Parent's Declaration Form for All PhD/Project Scholars**

*If your ward feels unwell with any symptoms of Coronavirus (COVID-19), however mild, you must keep them at home and get them tested. If they have any fever, chills, cough, sore throat, shortness of breath, runny nose, and loss of sense of smell or taste – stay home, don't send them to the Institute.*

Your Name:

Your Ward's Name and Roll No:

Your Contact Number:

Residential Address:

Has anyone who lives at your address returned from domestic or international travel within the 14 days?	Yes	NO
In the last 14 days, has anyone who lives at your address been in physical contact with a person's who has been diagnosed with the COVID-19 Virus?	Yes	NO
Is anyone who lives at your address currently under a form of self-isolation as the result of an order of a government authority or as the result of a recommendation by a health professional?	Yes	NO
In the last 14 days, has anyone who lives at your address been in physical contact with a person's who is in self-isolation due to COVID-19 virus?	Yes	NO
In the last 14days. Has anyone who lives at your address experienced symptoms such as <ul style="list-style-type: none"><li>• Flu like symptom</li><li>• Fever</li><li>• Coughing</li><li>• Shortness of Breath</li><li>• Fatigue</li></ul>	Yes	NO

I declare that the information provided is a true and proper representation of our family's health & recent community interaction. I have no objection to send my ward to the Institute.

**Parent's Signature**