

**Office of the Dean Faculty Medical Sciences-cum-Principal PT. Jawaharlal  
Nehru Govt. Medical College Chamba HP.**

No.GMC/CBA/Student/Sec./20 - 1136

Dated:- 20-01-2021

**Notice Regarding Academic Session 2020-21 of 1<sup>st</sup> year MBBS Course**

The academic session 2020-21 for the 1<sup>st</sup> year MBBS course is going to start from 02-02-2021.

All the students of MBBS Batch 2020-21 will report in Darwar Hall of Akhand Chandi Palace campus of Pt. Jawaharlal Nehru Government Medical College at 10:00AM on 02-02-2021.

The students are directed to strictly comply with the following directions:

1. Parents/Guardian consent letter/undertaking duly signed by the parents as annexure -I is to be submitted at the time of joining and scanned copy to be sent on email: [gmchchamba@gmail.com](mailto:gmchchamba@gmail.com) and [Stu.sec.gmchchamba@gmail.com](mailto:Stu.sec.gmchchamba@gmail.com)
2. A self health declaration/undertaking regarding risks involved and about complying the Covid-19 guidelines as per the annexure -I is to be submitted at the time of joining and scanned copy to be sent on email.
3. Negative Covid-19 RT-PCR test report in the last 72 hours need to be submitted before joining.
4. Students will follow the SOPs/guidelines issued by the Central/State governments regarding Covid-19.
5. Students will use triple layer/N95 mask.
6. Students will maintain social distancing.
7. Students will keep with them hand sanitizer.
8. Students will submit the details of their stay in Chamba in the office of Principal within a week.



Principal,  
Pt. Jawaharlal Nehru Govt. Medical College,  
Chamba District Chamba (H.P.)

### Annexure-I

#### CONSENT LETTER/UNDERTAKING BY THE PARENT/GUARDIAN

(For offline academic sessions in campus)

Student Name	
Enrolment /Reg. No./Roll No	
Year / Semester	
Program/Branch	
Institute/Department	

I, \_\_\_\_\_ (father / mother / guardian) of \_\_\_\_\_ do hereby agree to allow my son / daughter / ward to attend academic sessions in campus and agreed that he/she shall adhere to the COVID-19 guidelines issued by the Government / District Administration / Pt. JLNGMC Chamba from time to time. Institute carries no responsibility in case the students test positive for COVID 19. However due care will be provided as per COVID 19 management guidelines.

Date: \_\_\_\_\_

Signature of Parents/Guardian

Mobile no. of Parent/Guardian: .....

Email id of Parent/Guardian: .....

#### DECLARATION/UNDERTAKING BY THE STUDENT

I, \_\_\_\_\_ (name of the student) do hereby voluntarily agree to attend offline/onsite academic sessions in campus and adhere to the COVID-19 guidelines issued by the Government / District Administration / Pt. JLNGMC Chamba from time to time.

I, do hereby,

1. Understand and agree that participation in person classes is voluntary and is a privilege.
2. Ensure that I understand the risks of Covid-19 and shall adhere to the COVID-19 guidelines issued by the Government / District Administration / Pt. JLNGMC Chamba from time to time.
3. Acknowledge that I will take all necessary precautions while travelling to the campus for offline academic sessions.
4. Acknowledge that I will behave in a responsible manner during my stay in campus and outside. I am also aware that any risky behaviour/deviation for following the precautionary norms can harm to self and others.

Date: \_\_\_\_\_

Signature of the Student

Mobile no. of Student: .....

#### Note:

1. Kindly take a printout of this letter, fill the appropriate details, sign by the parent/guardian, student and send the scanned copy of the same to the College email: [gmcchamba@gmail.com](mailto:gmcchamba@gmail.com) and [stu.sec.gmcchamba@gmail.com](mailto:stu.sec.gmcchamba@gmail.com)
2. Hard copy of the same to be submitted to the College/Department on arrival to the campus.