



Shri Guru Ram Rai Institute of Medical & Health Sciences
Shri Mahant Indiresht Hospital
Patel Nagar, Dehradun - 248 001

SGRR/MC/Notice-2021-36530

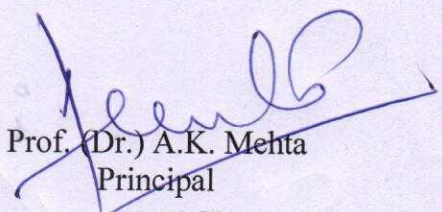
Date:03.02.2021

Notice

All the students of MBBS 2020 Batch are hereby directed to bring the following items at the time of joining in the hostel:-

1. Bedding
2. Bucket
3. One White Apron (Full Sleeves)
4. Black Shoe (School Type)
5. Dress for Girl (Suit & Salwar)
6. Dress for boys (Formal dress)
7. One Yoga Mat

All students shall bring a negative report of RTPCR of COVID-19 at the time to 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).


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

PRINCIPAL

SGRR Institute of Medical & Health Sciences
Patel Nagar, Dehradun

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 incase
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: _____