

# Undertaking from Parents/Guardian for staying in Hostel

Date:.....

To

The Admin. Warden/Warden

Hostel .....

Institute/Faculty/College/Department .....

Banaras Hindu University

*Sir/Madam,*

I Mr. /Ms. .... Father/Mother/Legal Guardian

of Mr. /Ms ..... student of class ..... course .....

Enrollment no. ....Contact no. .... for the session .....

do hereby undertake and confirm that I hereby permit my son/daughter/ward to stay in the Hostel of the Banaras Hindu University, Varanasi – 221005, Uttar Pradesh to attend the regular classes during the COVID – 19 pandemic and the University authorities/administration will not be responsible if my son/daughter/ward contaminate any COVID – 19 symptoms after staying in the hostel. I do hereby confirm that my son/daughter/ward will compulsorily wear face masks within the university campus and follow all the COVID – 19 protocols such as washing hands, using sanitizers and maintaining social distancing etc.

**(Signature of Father/Mother/Legal Guardian)**

**(Signature of Student)**

Address: .....

.....

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Contact No. ....

Contact no. ....

*\*Note- Parents should not send their children/ward to Hostel, if the child is not feeling well/sick as the attendance is not compulsory and entirely depends on parental control.*

# Undertaking from Parents/Guardian for attending Regular Classes

(To be filled in triplicate form)

Date:.....

To

The Director/Dean/Principal/Prof. Incharge/Head .....

Institute/Faculty/College/Department .....

Banaras Hindu University

*Sir/Madam,*

I Mr. /Ms. .... Father/Mother/Legal Guardian

of Mr. /Ms ..... student of class ..... course

..... Enrollment no. ....

Contact no. .... for the session ..... do hereby undertake and

confirm that I hereby permit my son/daughter/ward to go to Banaras Hindu University, Varanasi – 221005,

Uttar Pradesh to attend the regular classes during the COVID – 19 pandemic and the University

authorities/administration will not be responsible if my son/daughter/ward contaminate any COVID – 19

symptoms after attending the regular classes. I do hereby confirm that my son/daughter/ward will compulsorily

wear face masks within the university campus and follow all the COVID – 19 protocols such as washing hands,

using sanitizers and maintaining social distancing etc.

**(Signature of Father/Mother/Legal Guardian)**

**(Signature of Student)**

Address: .....

.....

Contact no. ....

.....

Contact No. ....

***\*Note- Parents should not send their children/ward to University, if the child is not feeling well/sick as the attendance is not compulsory and entirely depends on parental control.***