

ANNEXURE -I

SRM Institute of Science and Technology

UNDERTAKING BY STUDENT

I, Mr / Ms S/o / D/o.....aged about.....
bearing Registration Number Studying in the Faculty of
..... , do hereby state that I have exercised my right of option to attend the
classes in physical mode on my own decision, being fully aware of my responsibility and risk
involved. I am fully aware of the protocols and guide lines to be followed mandatorily and
assure that I will follow them meticulously with respect and do adhere to any such guidelines,
instructions duly issued by the competent authorities time and again.

Signature of the Parent:

Signature of the Student:

Name in Capital Letter:

Name in Capital Letters:

Mobile Number:

Mobile Number:

Email ID:

Address (Currently where the student is residing)
