

ANNEXURE- I



SRM Institute of Science and Technology

UNDERTAKING BY STUDENT

1. Mr. / Ms.S/o / D/o aged about
bearing Registration Number Studying in the
Faculty of, do hereby state that I am going to attend
the classes in physical mode, being fully aware of my responsibility and risk involved.
I am fully aware of the SOPs to be followed mandatorily and assure that I will follow
them meticulously and do adhere to guidelines and instructions duly issued by the
authorities time and again.

I have had my **first / second** dose of vaccination and kindly find the certificate attached.

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)
