

HEALTH WELLNESS CERTIFICATE

Certified that Mr. / Miss _____ S/D/O
_____ Roll No. _____ of _____ MBBS / BDS Class is in
good health and free from any symptoms of diseases like COVID 19, Hepatitis or any
other contagious / Infectious disease.

He / She is vaccinated against COVID-19. **Yes / No / In-process**

Signature of the Student

Signature of the Parents

Dated: _____

* To be submitted in Medical Education Department before joining the Institution through
BR / GR.

WILLINGNESS FOR JOINING THE COLLEGE

1. I, Mr. _____ S/D/O _____,

Roll No. _____ Student of _____ Year, MBBS /BDS affirm that:-

- a. I am joining the college willingly and consciously, purely on my choice.
- b. I will fully abide by and adhere to the precautionary measure against COVID- 19 in true letter and spirit.
- c. I am fully aware of the potential risk to contract COVID-19 or any other nosocomial infection.
- d. I will NOT hold responsible the college and hospital Authorities for any such disease or its sequelae.
- e. I have discussed this issue with my parents in detail and they fully agree / endorse.

Signature of Student

Signature of Parents

Date: _____

* To be deposited in Department of Medical Education before joining through BR /GR.