

## Consent Form

### Voluntary Consent for attending classes in the University in physical mode

I hereby convey my consent to attend the University physically and abide by the guidelines laid down by the institution.

Name of the Student:.....Dept.....

Enrollment No:..... Course: .....Semester .....

Address:- House No..... Street/ Road:.....

Village/ City:.....P.O.....

P.S..... Sub-division:.....

Nearest PHC:.....

Do you suffer from any medical conditions/allergies that the University should be informed of (including any ongoing medical treatment)?

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Have you been ever tested positive for COVID-19? Yes/No. If yes:-

1. Place of treatment:.....
2. Date on which tested positive:.....
3. Date on which tested negative:.....
4. All the details concerning testing and treatment attached.

**CONSENT** (Please read carefully and sign after understanding and consenting)

1. I voluntarily give my consent to attending physical mode of classes.
2. I confirm to the best of my knowledge that I do not suffer from any medical conditions other than those listed above.
3. I confirm to the best of my knowledge that I have not come in contact with COVID 19 patients in the last 72 hours.

4. I confirm to the best of my knowledge that no one in my family is affected with COVID 19 virus in the past one month.
5. I consent to travelling by public transport to the University.
6. I will not hold the University responsible in case of my coming in contact with any persons in the University suffering from COVID 19 during these days.

By signing this consent form, I agree to follow all the SOPs and guidelines issued by Tripura University and I understand that if I do not follow these guidelines, I will be liable to corrective measures by the University including debarring from attending the University physically. I affirm that all the details provided in this form are true to the best of my knowledge.

Student's Name: ..... Signature: .....

Countersigned by:

Parent's Name: ..... Signature: .....

Place:..... Date:.....