

**UNDERTAKING**

1. Registration No.....Name..... of .....course is permitted willingly by us as parents to join NIELIT SHIMLA for On Campus classes.
  
2. We give the following undertaking:-
  - a) Our ward is reporting to NIELIT SHIMLA from a Non Covid Containment Zone of the state presently residing in.
  - b) Our ward has been vaccinated with First / Second / Both doses of Covid Vaccine.
  - c) Not having any Covid akin/related symptom at the time of reporting to NIELIT SHIMLA.
  - d) If our ward be found to be Covid Positive at any stage while coming to NIELIT SHIMLA to attend the classes, he will be immediately hospitalised/ quarantined under medical supervision.
  - e) We will not hold NIELIT SHIMLA responsible if my ward is detected Covid positive.
  - f) We have briefed our ward of the safety precautions to be taken and to strictly abide by instructions put up for students at NIELIT SHIMLA.
  
3. We also confirm that we are aware that in case of any breach of safety protocol / instructions issued by NIELIT SHIMLA by our ward, then the Competent Authority can initiate strict disciplinary action.

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**Signature of Parents**  
**Mob No**

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**Signature of Student**  
**Name**  
**Mob No**