



St. Dominic's College

Founded in 1995 by Mr. Robert & Jean Street

P.O. Nongthymmai, Dum Dum, Shillong 793014

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CONSENT FORM

I, _____ the undersigned, parent/Guardian of _____ of
BA Sem _____ hereby affirm and undertake the following:

I understand and acknowledge the Guidelines of the Government of India, Ministry of Health and Family Welfare as regards to SOPs for re-opening of colleges and hostels for students.

I assure that my ward mentioned below has not as of date tested positive for COVID-19 and is not showing any of the symptoms of COVID-19.

I understand that the risk of becoming exposed to or being infected with COVID-19 at the college may result from the actions, omission, or negligence of myself and others. I understand that the college cannot limit all potential sources of COVID-19 infection.

By signing this consent form, I acknowledge the contagious nature of COVID-19 and the fact that it can be difficult to identify in another and the inherent risk of exposure.

I acknowledge that St. Dominic College, Shillong is dedicated to providing a safe environment and has put in place policies and procedures to mitigate COVID-19 in the campus and thereby voluntarily consent my ward to attend the college.

I have read and agree to abide by the SOPs as outlined in the Guidelines which is displayed on the College Notice Board and available in College Website for re-opening of colleges and hostels.

Name of the Student: _____

Name of the Parent/Guardian: _____

BA Sem _____

Signature: _____

Signature: _____

Email ID: _____

Email ID: _____

Phone/Signal/WhatsApp No: _____

Phone/Signal/WhatsApp No: _____

Address: _____

Date: ____/____/____