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**Student Re-Entry Form**

**28 Aug 2020**

Details to be submitted by Students while re-entering IISc campus

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| **Sr No** | **Details** | |
| 1 | **Name of the Student** |  |
| 2 | **Course /Dept** |  |
| 3 | **SR No** |  |
| 4 | **Mobile No** |  |
| 5 | **Current hostel address** |  |
| 6 | **Arriving from city/town and full address**  **Ward Name and No** |  |
| 7 | **Date and time of Departure & arrival at IISc** |  |
| 8 | **Contact number of Parents/Local guardian/ Relatives** |  |
| 9 | **Mode of transport** | Train No Name Coach/Seat  Flight No Carrier Seat no  Bus No Bus Name Seat No  Car/Taxi No Service |
| 10 | **Details of accompanying family members, if any** | Name Relationship |
| 11 | **History of Fever, Cough, shortness of breath** |  |
| **Were you tested for COVID ?** |  |
| **Are you 1st contact of a COVID positive patient** |  |
| 12 | **Any other information or travel history for past 6 months** |  |
| 13 | **Have you downloaded Aarogya Setu App ?**  **Have you downloaded GoCoronaGo App ?** |  |

**I understand that**

* 1. It is not mandatory for me to return to the campus
  2. It is completely voluntary
  3. I have the option to work from home.
  4. I will not be allowed to leave the campus without prior permission of the hostel wardens and that too only in case of emergency.
  5. Only those students who get the personalized e-mail will be allowed the re-entry.
  6. Students with any health issues/comorbidities/diabetics etc. are strongly encouraged to work from home
  7. I will have to go through a 7-day quarantine after I arrive at IISc
  8. I have to bring two Tiffin boxes for carrying food
  9. I have to bring thermometer and pulse-oxymeter for self-recording

**Undertaking**

* 1. I shall comply with the institute quarantine policies
  2. If the health officials recommend Covid test at any point of time, I shall agree for the same
  3. At any point of time if there is a need for further quarantine, I shall agree for the same.
  4. I am herewith providing the contact phone no of local guardian/close relative/parents in case need arise for giving consent for hospitalization.
  5. I shall follow social distancing, wear the mask and adhere to the guidelines issued by OLSEH.

**Signature & Date**

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For Office Record: