

**INSTITUTE OF HOTEL MANAGEMENT CATERING TECHNOLOGY AND APPLIED
NUTRITION, CHENNAI – 600 113**

Ref: SA/IHM.CHEN/2021

Dated: 27.08.2021

CIRCULAR

This is to inform you that as directed by State Government Circular dated 21.08.2021, Institute will commence classes for Second Year M.Sc students, Third Year & Second B.Sc students from 1st September 2021.

Generic preventive measures to be practiced while reporting to the Institute.

1. As directed by Government of Tamil Nadu, students are requested to get their 1st dose of vaccination before reporting for on-campus classes and copy to be submitted while reporting.
2. Thermal scanning will be done at the entry point and only asymptomatic students will be allowed inside the campus.
3. Use of a face covers/masks is mandatory.
4. Physical distancing of at least 6 feet to be followed as far as possible.
5. Students are requested to report to the respective departments as per the time table.
6. Self-monitoring of health by all and reporting any illness at the earliest to be intimated to the class coordinators.
7. Students are not allowed to stay in Campus after their class timings and are not permitted to gather in common areas.
8. Hostel facility is not provided for both M.Sc and B.Sc students.

Paivalo e
PRINCIPAL i/c

மட்டல் ப்ரவ்ஹன ஖ானபான ப்ரௌதௌகிக்
INSTITUTE OF HOTEL MANAGEMENT
ஏவ் அநுப்ரயுக்த பௌபண சன்ஸ்தான
CATERING TECHNOLOGY & APPLIED NUTRITION
சௌ.அஐ.தீ. கன்மச, தரமணி / C.I.T. Campus, Tharamani P.O.,
சென்னई / Chennai - 600 113.

Letter offering Consent by Parent / Guardian

To,
The Principal
Institute of Hotel Management,
C.I.T.Campus, Taramani,
Chennai-600113

Sub: Letter offering consent to send my ward to attend College from 1st September, **2021** for the academic session 2021-2022.

Dear Sir / Madam,

Through this letter, I hereby wish to offer my consent to send my ward _____ (student name) NCHM Rol.No; _____, to Institute from **1st September, 2021**. I declare that he / she is in good health and fit to attend classes.

I also declare that I am aware of the COVID-19 pandemic related protocols and the precautionary measures to be followed. I hereby assure that my ward will strictly adhere to the COVID-19 related instructions given by the Principal i/c .

Details of Student

Name: _____

NCHM Rol.No : _____

Course & Year : _____

Date : _____

Signature: _____

Station : _____

Name of the parent / guardian: _____