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

Ref: SA/IHM.CHEN/2021

CIRCULAR

Dated: 04.02.2021

This is to inform you that as directed by NCHMCT, Noida circular dated 28th December 2020 and State Government Circular dated 31.01.2021, Institute will commence classes for First Year B.Sc students from 1st March 2021.

Students shall carry the letter of consent from Parent / Guardian while reporting to the Institute on the First day of reporting.

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

1. Thermal scanning will be done at the entry point and asymptomatic students will be allowed inside the campus.

2. Use of a face covers/masks is mandatory.

3. Physical distancing of atleast 6 feet to be followed as far as possible.

4. Students are requested to report to the respective departments as per the time table.

5. Self-monitoring of health by all and reporting any illness at the earliest to be intimated to the class coordinators.

6. Students are not allowed to stay in Campus after their class timings and are not permitted to gather in common areas.

7. Hostel facility will be provided for First year B.Sc students.

VENKATESAN D
PRINCIPAL i/c
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 1\textsuperscript{st} March, 2021 for the academic session 2020-2021.

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 1\textsuperscript{st} March, 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.

Details of Student

Name: ________________

NCHM Rol.No : ________________

Course & Year : ________________

Date : ________________ Signature: ________________

Station : ________________ Name of the parent / guardian: ________________
**CONSOLIDATED FORM FOR HEALTH AND HYGIENE**

Consolidated details of General Health and Hygiene of persons living together in single house collected for safety reasons.

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<th>Name of the Student/Family Members</th>
<th>Course &amp; Year</th>
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1. Anyone in your family affected by Covid 19? : Yes/ No
2. If any member of your family is suffering from illness, it should be informed to the college immediately.

It is certified that the above information given by me is true to my knowledge. I am aware that all the information given by me is for the welfare of the public and family.

Signature of Parent/ Guardian

Name :

Station :