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

Ref: SA/IHM.CHEN/2021

Dated: 02.02.2021

CIRCULAR

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 1st Year M.Sc & Craft & Diploma course from 8th February 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 at least 6 feet to be followed as far as feasible.
4. Students are requested to be only in the respective departments.
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.

ViceChrs.

PRINCIPAL i/c

INSTITUTE OF HOTEL MANAGEMENT CATERING TECHNOLOGY & APPLIED NUTRITION
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 8th February, 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 Roll.No; ____________, to Institute from 8th February, 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.

<table>
<thead>
<tr>
<th>Name of the Student/Family Members</th>
<th>Course &amp; Year</th>
<th>Name</th>
<th>Relationship</th>
<th>Age</th>
<th>Sex</th>
<th>Details of illness, if not well.</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 school 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 : 