



OFFICE OF THE PRINCIPAL  
GOVERNMENT AUTONOMOUS COLLEGE, ROURKELA-769004

No. 28 //GACR

Dt. 06/01/2021

**NOTICE**

**By email/ WhatsApp/ Website**


As per the letter No. 73/HE, Dt. 04.01.2021 OF Dept. of Higher Education, Govt. of Odisha, Bhubaneswar has been accorded permission to open the College for the Session 2020-21. A Common Academic Calendar and Guidelines along with Standard Operating Procedures (SOP) has been issued for the Commencement of **Physical Classroom Teaching for Final Year UG/PG students w.e.f. 11.01.2021.**

Further, the Parent(s) willing to permit his/her ward to attend the Classroom Teaching Physically for Final Year UG/PG students of this College w.e.f. 11.01.2021, are required to give their consent by signing the Declaration Form attached herewith.

Final Year UG/PG students are advised to fill-up Two (02) copies of declaration form attached herewith by their Parent(s)/ Guardian. They have to submit one copy to their concerned department and the rest one copy will be with them for further verification during the time of their stay in the College Premises.

**Encl: Declaration Form**

Memo. No. 29 //GACR, Dt. 06/01/2021

  
Principal  
**Principal**  
**Govt. Autonomous College**  
**ROURKELA**

Copy to Notice Board/ Staff Common Room Guard file / Office Guard file /College Website/ Student's (email/ WhatsApp)/ Administrative Bursar/ Academic Bursar/ All HOD(s) & Dept. OICs/ Head Clerk / Principal's file for information and necessary action.

  
Principal  
**Principal**  
**Govt. Autonomous College**  
**ROURKELA**



**GOVERNMENT AUTONOMOUS COLLEGE, ROURKELA-769004**

**DECLARATION FORM FOR ATTENDING PHYSICAL CLASSROOM TEACHING**

I, Sri/ Smt./ Mr./ Mrs. \_\_\_\_\_ guardian of \_\_\_\_\_ (Name of the Student) in your College for the Session 2020-21, am herewith giving my consent to allow my ward for attending physical classes/ staying in the hostel of Govt. Auto. College, Rourkela.

I hereby declare that me and my child are fully aware of the guidelines and Standard Operating Procedures (SOP) of COVID-19 and none of my family member is affected in COVID-19 or did not come across with any affected person.

Any act of his/her beyond the guidelines and SOP of COVID-19 issued by the Govt. / College shall be my sole responsibility.

This letter of consent is signed by me on Dt. \_\_\_\_\_.

Signature of the Parent(s)/ Guardian with Mob. No.

1. \_\_\_\_\_ M- \_\_\_\_\_  
2. \_\_\_\_\_ M- \_\_\_\_\_

Details of Student	
Name of the Student	
Roll No.	
Department	
Year	
Semester	
Mob. No.	
WhatsApp	

**SPACE FOR PASTING  
RECENT PASSPORT  
SIZE PHOTOGRAPH**

\_\_\_\_\_  
Signature of the Student

**N.B.:** a. One (01) copy submit in the concerned department.

b. One (01) copy with them for further verification during the time of their stay in College premises.