



BHARATI VIDYAPEETH'S COLLEGE OF ENGINEERING
(Approved by AICTE, New Delhi & Affiliated to Guru Gobind Singh Indraprastha University, Delhi)
(An ISO 9001:2015 Certified Institution)
A-4, Paschim Vihar, Main Rohtak Road, New Delhi – 110 063

Ref. No.: BVCOE/ND/ADM/SN/066/2021-2022

Date: 11th February, 2022

NOTICE

All the students of B.Tech. (4th, and 6th Semester) are hereby informed that their classes shall commence from 21st February, 2022 (Monday). The Theory and practical classes and project work will be conducted in offline mode. The students are required to submit the Parent's Consent Form along with their vaccination certificates to the respective departments before attending the classes. The outside students are requested to make necessary proper arrangements.

Prof. Kirti Gupta
Dean (Academics)

Prof. Dharmender Saini
Principal

Copy to:

1. Regional Director, Bharati Vidyapeeth Regional Office, New Delhi
2. All Head of Departments (For information of students)
3. Incharge 2nd Shift
4. All Deans
5. Website Incharge
6. Administrative Office/Accounts Office/T&P Cell/Exam Cell/Library/Maintenance Dept.
7. Students Notice Board
8. Security Incharge



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Undertaking-cum-Consent for Attending Classes in Offline Mode

I,, Father/Mother of, a student of **B.Tech.** _____ bearing **Enrollment No.** _____, herewith give my consent for my above mentioned ward to attend the classes in Offline Mode in the premises of the Institute. I hereby undertake to ensure that my ward will visit the campus wearing a mask, maintain social distancing and follow all COVID Appropriate Behavior, all the time, as notified from time to time. I further undertake to ensure that my ward will not visit the Campus, if anyone in the family is suffering from COVID related symptoms. Further, I also undertake that, despite taking all precautionary measures, if my ward suffers any untoward infection, I shall not hold the Institute responsible for the same. Vaccination details of my ward are as under:-

Date of 1 st dose of the Vaccination:		Date of 2 nd dose of the Vaccination:	
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Signature of Student:		Signature of Parent:	
Name:		Name:	
Mobile No.:		Mobile No.:	

Date:

Place: