



**OFFICE OF THE DEAN & PRINCIPAL**  
**FAKIR MOHAN MEDICAL COLLEGE & HOSPITAL, BALASORE**  
(Formerly known as Government Medical College & Hospital, Balasore)  
At/Po/Dist.- Balasore, Pin- 756019 (Odisha)



E-mail: dean.gmchb@gmail.com , Tel 06782 – 224901, Fax: 06782 – 224901

Letter No: 1829 D/FMMCHB

Date: 30.07.21

**NOTICE**

In pursuance to the Letter No. 21096 dated 28.07.2021 of the Govt. of Odisha, H & FW department and Memo No. 9896 dated 29.07.2021 of DMET (O), BBSR, the institution will reopen on 02.08.2021. Hence all the students (Medical and Paramedical courses) of this institution are hereby instructed to report in the college from 02.08.2021 under strict adherence to the COVID guidelines as under.

1. Each student will submit an undertaking regarding obeying the guidelines in the format attached to the College mail ([education.fmmchb@gmail.com](mailto:education.fmmchb@gmail.com)).
2. The students also submit written permission from their parents /guardians through the Mail mentioned above.
3. The theory classes are to be continued online.
4. The practical /clinical classes and examination should be taken in small groups with 50% capacity, to ensure social distancing.
5. It will be mandatory for all students to adhere to the COVID appropriate behaviors-use of mask in the Campus, Hand washing, Use of Sanitizer, Social Distancing, Avoiding crowded places.
6. Fully vaccinated and Unvaccinated/ in complete vaccinated students should be segregated to different batches for clinical and practical classes.
7. In Complete Vaccinated/ Unvaccinated students if allowed in the Hostel shall be segregated into separate blocks. They will not be allowed to the Library. Separate areas must be earmarked in the dining facility for this group.
8. No academic/ social/Religious/Sports activity will be allowed for the students in campus.
9. The COVID positive students will not be allowed to sit in the Examination but will appear in the next scheduled Examinations (Annual/Supplementary), but this dropout will not be reflected in the chance certificate subject to the production of the laboratory proof (Rapid Antigen/RTPCR Positive test report) of the infection during the examinations dropped.

If any student is sick or is having COVID symptoms, he/she has to inform the authorities. Students having symptoms will be kept in isolation and shall be subjected to COVID test.

Dean and Principal,

Fakir Mohan Medical College and Hospital, Balasore

Dean & Principal  
Fakir Mohan Medical College  
& Hospital, Balasore.

**UNDERTAKING**  
(Please fill in Capital letter)

<b>Student Name:</b>															
<b>Father's / Mother's Name:</b>															
<b>MBBS Batch / Year of Admission/Roll No.:</b>															
<b>Hostel Name &amp; Room No:</b>															
<b>Complete Address with PIN code: (Departure from)</b>															
<b>State:</b>															
<b>Mode of Travel:</b>															
<b>Date of Departure: (From Home)</b>															
<b>Date of Arrival: (At FM Medical College, Balasore)</b>															
<b>COVID - 19 related declarations:</b>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">Any international travel in the past 14 days</td> <td style="width: 20%; text-align: right;">Yes/No</td> </tr> <tr> <td>Any domestic travel (out of the State) in past 14 days</td> <td style="text-align: right;">Yes/No</td> </tr> <tr> <td>Contact with any positive/suspected COVID - 19 case</td> <td style="text-align: right;">Yes/No</td> </tr> <tr> <td>Fever present</td> <td style="text-align: right;">Yes/No</td> </tr> <tr> <td>Cough present</td> <td style="text-align: right;">Yes/No</td> </tr> <tr> <td>Sore throat present</td> <td style="text-align: right;">Yes/No</td> </tr> <tr> <td>Sneezing present</td> <td style="text-align: right;">Yes/No</td> </tr> </table>	Any international travel in the past 14 days	Yes/No	Any domestic travel (out of the State) in past 14 days	Yes/No	Contact with any positive/suspected COVID - 19 case	Yes/No	Fever present	Yes/No	Cough present	Yes/No	Sore throat present	Yes/No	Sneezing present	Yes/No
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Fever present	Yes/No														
Cough present	Yes/No														
Sore throat present	Yes/No														
Sneezing present	Yes/No														
<b>COVID Vaccination Details</b>	Fully Vaccinated/ Partially Vaccinated/ Unvaccinated If partially vaccinated, date of Vaccination_____														
<b>Mobile No. &amp; Email ID: (Students)</b>															
<b>Mobile No. &amp; Email ID: (Parent / Guardian)</b>															

I do hereby declare that I will abide all COVID-19 guidelines and maintain discipline during my stay at Hostel. The Authority will not be held responsible for any deviation from my side.

Full Signature of the Parent/Guardian

Full Signature of the Student