



College of Nursing
All India Institute of Medical Sciences
(A Statutory body under aegis of Ministry of Health and Family Welfare, Govt. of India)
Sijua, Dumuduma - Post, Bhubaneswar (Odisha) -751019

AIIMS/BBSR/CON/Exam/Final (B.Sc.(H) Nur/09

07th September 2020

CIRCULAR

In view of the ongoing COVID-19 pandemic, the institute had suspended all undergraduate academic activities with effect from 19th March 2020. The routine lecture/classes for students are being held through online platform since then. The institute now proposes to call back the students of B.Sc. (Hons.) Nursing (2018 & 2019 Batch) so that they can undergo necessary academic evaluation and progress in their academics. The decision has been taken so that the academic session of students is not delayed further.

The students are required to follow these instructions:

1. All students of B.Sc. (Hons.) Nursing (2018 & 2019 Batch) should report to the institute by **20th September 2020**.
2. Students should send the **Self Declaration Form (Format attached)** duly completed in all respect to nurs@aiimsbhubaneswar.edu.in.
3. Students should strictly observe social distancing, proper hand hygiene, proper use of mask, face shield and sanitizer during their travel and stay in the hostel.
4. Students should bring all necessary items including mask, face shield, hand wash, sanitizer etc in sufficient quantity for their personal use.
5. The food will be prepared and supplied from the mess as before. Students will have to collect their food in their tiffin carrier and should eat in their rooms only. They will not be allowed to use the dining halls. All students should use their own tiffin carrier, flask, water bottles etc. Students should maintain the cleanliness of their room and surroundings.
6. During their stay in the hostel, students should follow the rules & regulations of the institute and COVID-19 related advisory.

(Dr. Asha P Shetty)
Professor-cum-Principal
College of Nursing
AIIMS, Bhubaneswar

All students of B.Sc. (Hons.) Nursing (2018 & 2019 Batch)

Copy to:

- | | |
|-----------------------------|--|
| 1. PS to Director | - For Kind information of the Director please. |
| 2. PS to Dean | - For Kind information of the Dean please. |
| 3. PS to DD(Admin) | -For kind information of the DD(Admin). |
| 4. Registrar | -For kind information |
| 5. Asst. Controller of Exam | -For kind information |
| 6. Hostel Superintendent | -For kind information and necessary action. |

SELF DECLARATION FORM
(Please fill in Capital letter)

1.	Student Name																						
2.	Roll No																						
3.	Father/Mother's Name																						
4.	Hostel Name & Room No																						
5.	Complete Address with PIN Code (Departure from)																						
6.	Mode of Travel																						
7.	Expected Date of Departure																						
8.	Expected Date of Arrival (at AIIMS,BBSR)																						
9.	COVID-19 related declarations	<table style="width: 100%;"><thead><tr><th></th><th style="text-align: center;"><u>Yes</u></th><th style="text-align: center;"><u>No</u></th></tr></thead><tbody><tr><td>• Any International travel in the past 14 days.</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr><tr><td>• Any domestic travel (out of the state) in past 14 days.</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr><tr><td>• Contact with any positive/suspected COVID-19 case.</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr><tr><td>• Coming from containment zone.</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr><tr><td>• Having any symptoms like ILI.</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr><tr><td>• Downloaded Arogya Setu App</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr></tbody></table>		<u>Yes</u>	<u>No</u>	• Any International travel in the past 14 days.	<input type="checkbox"/>	<input type="checkbox"/>	• Any domestic travel (out of the state) in past 14 days.	<input type="checkbox"/>	<input type="checkbox"/>	• Contact with any positive/suspected COVID-19 case.	<input type="checkbox"/>	<input type="checkbox"/>	• Coming from containment zone.	<input type="checkbox"/>	<input type="checkbox"/>	• Having any symptoms like ILI.	<input type="checkbox"/>	<input type="checkbox"/>	• Downloaded Arogya Setu App	<input type="checkbox"/>	<input type="checkbox"/>
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10.	Mobile No & Email ID (Self)																						
11.	Moblile No & Email ID (Parent/Guardian)																						

(Signature of the Student)