

**PRASAD V. POTLURI SIDDHARTHA INSTITUTE OF TECHNOLOGY
KANURU, VIJAYAWADA-520 007.**

PVPSIT/50/101 /20

Dt. 04.11.2020

CIRCULAR


As per G.O. RT.No.153 of Higher Education (U.E) Department dated 30.10.2020, the Government of Andhra Pradesh has accorded permission to open all Higher Education Institutes / Colleges for the A.Y 2020-21. A Common Academic Calendar and Guidelines along with Standard Operating Procedures has been issued for the Commencement of Class Work through Online / Offline.

However, it is not mandatory that the Students should attend the College. An option is given to the Student to attend the College or learn from home.

Hence the Parents may decide and opt either for Online or Offline. Those who opt for **Online** Mode have to submit the Declaration Form – **Annexure I**. In case, the Parent is willing to permit his/her ward to Physically attend the Classwork in **Offline** mode, they have to give their Consent by signing the Declaration Form – **Annexure II** attached with this.

I wish to opt for Online / Offline.

Enclosure: Annexure – I
Annexure - II


PRINCIPAL
PRASAD V. POTLURI
SIDDHARTHA INSTITUTE OF TECHNOLOGY
KANURU, VIJAYAWADA-520 007

ANNEXURE - I
DECLARATION FROM PARENT / GUARDIAN

I, Sri. / Smt. _____

F/O, M/O, G/O _____ (Name of the

Student) with admission number _____ who is studying _____ Year _____

Semester in the department of _____ in your

College in the Academic Year 2020-21, do hereby declare that in view of the Prevailing
Pandemic Situations, we prefer to opt for **Online** mode of Instruction.

This letter is signed by me on the _____ day of November 2020.

Signature of the Parent / Guardian

ANNEXURE - II
DECLARATION FROM PARENT / GUARDIAN

I, Sri. / Smt. _____
F/O, M/O, G/O _____ (Name of the
Student) with admission number _____ who is studying _____ Year _____
Semester in the department of _____ in your
College in the Academic Year 2020-21, am herewith giving my consent to allow my child
physically to attend the Class Work at your College.

I hereby declare that my child and I are fully aware of the guidelines and Standard
Operating Procedures of COVID – 19 before and after resuming of Class Work in the
College.

Any act of his/her beyond the guidelines and Standard Operating Procedures of
COVID-19 issued by the University shall be my sole responsibility.

This letter of Consent is signed by me on the _____ day of November 2020.

Signature of the Parent / Guardian