

**UNIVERSITY SCHOOL OF BIOTECHNOLOGY**  
**Guru Gobind Singh Indraprastha University**  
Sector 16C, Dwarka, New Delhi-110078

No.F. GGSIPU/USBT/2021/

Dated: 23.09.2021

**Attention: Notice for USBT Students**

In accordance with the university Order No. GGSIPU/Registrar/Misc./2021/142 dated 01/09/2021, academic and research activities in University School of Biotechnology (USBT) shall commence in a phased manner. In the first phase, Ph.D. students, research project staff and M.Tech. final year students undertaking research-based dissertations are hereby instructed to come to the campus and keep in touch with their respective supervisors regularly. All students are required to follow COVID appropriate guidelines issued by the government from time to time. As mentioned in the DDMA/GNCT guidelines, students shall obtain consent from their parents in the format prescribed in Annexure 1 of the DDMA/GNCT order dated 30.08.2021 (enclosed below). Signed and scanned copy of parents' consent along with proof of vaccination shall be submitted to USBT office by email (usbtooffice@ipu.ac.in) by 24<sup>th</sup> September 2021.

B.Tech. (Biotechnology) students are also requested to submit (email) signed and scanned copy of parents' consent and vaccination status (with proof) to USBT office through their respective B.Tech. course coordinators by 30<sup>th</sup> September 2021. Guidelines for likely commencement of academic activities for B.Tech. students shall be notified later.

*Meenu Kapoor*  
(Prof. Meenu Kapoor)

Dean, USBT

**Copy to:**

1. In charge, UITS cell to upload on University website.
2. All USBT research supervisors for necessary action.
3. Ms. Snehlata, Senior Technical Assistant, USBT Dean office to register status of vaccination of all students.
4. Guard file.

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Dispatch No. GGSIPU/USBT/...  
Date... 23/9/21

**Parent's Consent Form  
(For Attending School / Institute)**

To

The Head of School / Institute  
Name of the School/ Institute

**Subject: Consent regarding attending of School / Institute by my ward.**

With reference to the subject mentioned above, I \_\_\_\_\_, Father/  
Mother / Guardian of \_\_\_\_\_ (Name of the student),  
Class/Sec. \_\_\_\_\_, Roll No. \_\_\_\_\_ Student ID. \_\_\_\_\_ am  
hereby pleased to give my consent and allow my ward to attend the school / institute for  
classes and related activities. I will send my ward to the school / institute wearing a mask and  
sensitize him / her to maintain social distancing, sanitize his / her hands from time to time, follow  
COVID Appropriate Behavior (CAB), not to share books, note-books, stationery items, Tiffin  
box etc.

I will also ensure that I shall not send my ward to school / institute in case my ward or anyone  
in the family is suffering from COVID-19 symptoms.

Date: \_\_\_\_\_

Place: \_\_\_\_\_

Signature of Parent / Guardian \_\_\_\_\_

Parent / Guardian's Name \_\_\_\_\_

Student Name \_\_\_\_\_

Address \_\_\_\_\_

Mob.No. \_\_\_\_\_

~~AS~~  
Addl CEO

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Date..... 23/9/21