### SAGI RAMAKRISHNAM RAJU ENGINEERING COLLEGE (AUTONOMOUS) CHINNA AMIRAM (P.O) :: BHIMAVARAM : W.G.Dt., A.P., INDIA :: PIN: 534 204

#### **GUIDELINES TO THE STUDENTS**

# FOR APPEARING SECOND PHASE OF END-SEMESTER EXAMINATIONS

II B. Tech. 2<sup>nd</sup> Sem. & III B. Tech. 2<sup>nd</sup> Sem. to be commenced from 1<sup>st</sup> Dec. 2020

- The second phase of II B. Tech. 2<sup>nd</sup> Sem. and III B. Tech. 2<sup>nd</sup> Sem. end-semester examinations are to be conducted for Foreign(Nepal)students and students affected with Covid-19.
- The students affected with COVID-19 during 1<sup>st</sup> phase of end-semester examinationscan appear for 2<sup>nd</sup> phase of examinations by producing proper documental evidence from government authorities.
- They are further informed to submit Declaration letter along with Covid-19 report to the confidential section on or before 27-11-2020.
- The students are informed to carry any one of the following photo identity proof.
  (a) SRKR Engineering College ID card (preferable) (b) Aadhaar Card(c) PAN Card.

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## **DECLARATION LETTER**

#### For appearing end-semester examinations – Phase-II

| I, Mr./Ms                  |                  |         | bearing        |
|----------------------------|------------------|---------|----------------|
| Regd. No                   | studying B. Tech | year    | semester       |
| in the department of       |                  | in your | college in the |
| academic year 2020 – 2021. |                  |         |                |

I hereby declare that I have affected with COVID – 19 during first phase of end semester examinations. I am herewith submitting documental evidence from government authorities.

I hereby declare that the information and documental evidence given by me are true and correct to the best of knowledge.

I, further declare that, my examinations may be cancelled and also liable for action taken by the college, if the information provided by me is found to be incorrect.

Date:

Signature of the Student

Mobile No.:

Enclosure: Original Covid – 19 Report

**DECLARATION BY PARENT/ GUARDIAN** 

I \_\_\_\_\_\_,(Mother / Father / Guardian) hereby fully endorse the above undertaking/declaration given by my ward and I shallendeavour to advice my ward to observe the undertaking given as above.

Place :

Date :

Signature of Mother / Father / Guardian

Name: Mobile No.: