

# KALINDI COLLEGE

(University of Delhi)

East Patel Nagar, New Delhi - 110008

KC/Lib/2021-22/19

Dated: 09.09.2021

## NOTICE-LIBRARY

All the students are hereby informed that as per DU letter No. Estab.II(i)/330/Covid-19/M/2020/1855 dated 06.09.2021, College library shall remain open for student. Timing of the library would be 10:00am – 04:00pm (Monday to Friday).

*The following points shall be kept in mind while visiting library:*

1. Students are required to take prior permission to visit the library. Fill the google form through link : <https://forms.gle/P7CjgbnyPpAU9inG8>
2. Wearing of face mask and following Covid-19 protocol as per Govt. of India is mandatory within the library.
3. Visit library only on receipt of confirmation email from College on given date & time and carry screenshot of the email.
4. Bring consent form duly filled and signed by the parent/guardian along with vaccination certificate.
5. No reading room / sitting facility will be provided. Only book issue & return facility as of now.
6. Maintain 6 feet distance between students two users/students.
7. At a time only 10 students will be allowed inside the library.

*Kaenika*  
Librarian

*Naina*  
Principal  
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Copy: To college website

**CONSENT LETTER TO VISIT COLLEGE LIBRARY  
BY PARENT / GUARDIAN**

Date: .....

The Principal  
Kalindi College,  
East Patel Nagar,  
New Delhi-110008

**Sub:- Academic year 2021-22 – Covid-19 Pandemic – Consent letter of Parent / Guardian for their daughter to visit College –Reg.**

Sir/ Madam,

We are willingly giving our consent to our daughter ..... for visiting the College library use on .....(date). My daughter is in good health. I am fully aware of Covid-19 Pandemic and also fully aware of the precautionary measures to be taken by my daughter while visiting the College. We are also aware that college will also be taking all safety measures.

***In any case, college will not be made responsible in any circumstances.***

**STUDENT DETAILS**

Name : .....

Course: ..... Year: II / III

Roll NO. : .....

Vaccinated Certificate No.\* (Covid-19):-

1. First Dose:- No..... dated : .....

2. Final Dose:- No..... dated : .....

*\*Encls: Copy of the Certificate*

**Signature of Parent / Guardian**

Name : .....

Mobile No. : .....

Email ID : .....

*Copy to College Website*