



Shri. Shivaji Education Society, Amravati's

**Dr. Panjabrao alias Bhausaheb Deshmukh
Memorial Medical College, Amravati.**



Phone No: 0721 - 2552353
E Mail ID: drpdmmc2007@rediffmail.com
Dr. P. R. Somwanshi
Dean

Fax No: 0721 - 2661742
Web ID: www.pdmmc.com

PDMMC/SS/6114/2020

Date: 17/ 10 /2020

CIRCULAR

All the under graduate students of 2016, 2017, 2018 and 2019 batch of Dr. Panjabrao alias Bhausaheb Deshmukh Memorial Medical College, Amravati are directed to report to the college on 21/10/2020. The actual date of resumption of physical classes will be notified to them shortly.

Further they are also directed to bring along with them their second term and preliminary examination (if held) answer books.

The students of 2019 batch are directed to bring original examination forms and submit the same to the students section of the college.

The students are further directed to bring the undertaking (format of the same is attached with this circular) duly signed by the parent as well as the student. The undertaking is to be submitted to the student section of the college.

All the students are requested to note this circular and comply the same by 21/10/2020.



DEAN

Dr. P. D. M. Medical College
Amravati

Copy to :-

- 1) The Secretary, Shri. Shivaji Education Society, Amravati
- 2) The Head of Dept. _____ Please convey this notice to student.
- 3) The Warden, Boys / Girls hostel.
- 4) Notice board Library / College/ Hospital.

**Dr. Panjabrao alias Bhausaheb Deshmukh Memorial Medical
College, Amravati**

Undertaking

I am sending my ward _____ (Roll No. _____) to the college from 22 October 2020, as per circular issued by the Dean, Dr. Panjabrao alias Bhausaheb Deshmukh Memorial Medical College, Amravati. My ward will follow all required measures to protect herself / himself and others from spread of COVID-19 at all times, including physical distancing, proper use of face masks and hand hygiene. He/She will adhere to all guidelines which are laid out by the college administration and Amravati district administration.

Signature of Student _____

Name of Student _____

Date :- _____

Signature of Parent _____

Name of Parent _____

Date: - _____

Place: - _____