



Ref. No. 3955 /U.G./Dr.Rmlims/2020

Date- 28/11/2020

Notice

**Recall Instructions to 2017-18 MBBS Batches with
COVID-19 Standard Operating Procedure**

In continuation with the GO no. NMC/Secy/2020/03, dated: 12.11.2020 regarding recall of 2017-18 batches from 1st December 2020. It is proposed that **2017-18 batches will report back between 1st to 4th December with COVID 19 Negative report. Students will remain Quarantined till 10.12.2020. Regular classess will commence from 11.12.2020.**

Instructions before leaving hometown

- It is mandatory for every student to bring his/her parent's/guardian's consent letter as prototype attached.
- Essential items to carry: Each student must bring along the following essential items before entering Dr.RMLIMS, Lucknow premises.
 - i) For personal protection:
3- ply facemask-minimum-100 Nos, Face shields-2
 - ii) Supplies for daily and frequent sanitization:
Hand sanitizer-100 ml (5 Nos)
Liquid soaps for personal use in washrooms – 2 bottles
 - iii) Students MUST carry the Dr.RMLIMS identity card along with them. Those without a valid Dr.RMLIMS ID card will be refused entry to their hostel room. No other photo-identity card will be accepted. Dean, Dr.RMLIMS, Lucknow must be informed in advance if anyone is not having the Identity card issued by Dr.RMLIMS, Lucknow.
 - iv) They have to mandatorily Download Arogya Setu app on their mobile.

Standard Procedures on Arrival at Dr.RMLIMS, Lucknow.

Quarantine Policy:

- i. Period of quarantine: 7 days
- ii. Quarantine place: Their own hostel rooms. Social distancing norms, wearing of face mask (surgical/N95), and hand hygiene should be followed strictly.
- iii. Thermal & Bar code Scanning: At the hostel gate, security personnel will scan your temperature at entry.
- iv. A strict compliance is expected, failing which, the students may be placed in isolation or post for COVID duties.
- v. The students will be assessed for COVID-19 sytoms at the end of the quarantine period and a decision for further clinical evaluation will be taken, COVID test may be repeated.
- vi. Based on the evaluation, if the student is found to be COVID-19 positive, he/she will be placed in isolation with round-the-clock monitoring. He/She will be treated as advised by the COVID clinical team of Dr RMLIMS. Information about their health status will be communicated to the parents immediately. COVID-19 positive students will not be permitted to join the classes until recovery as advised by the team.

Screening Process for students having Covid-19 related symptoms:

- i. Immediately on arrival, ONLY those students with symptoms of COVID-19 (fever, sore throat, body ache, etc) should report to the "triage area". The students will not be

af amb



DR. RAM MANOHAR LOHIA INSTITUTE OF MEDICAL SCIENCES
VIBHUTI KHAND, GOMTI NAGAR, LUCKNOW 226010
PHONES: 0522-4918555, 4918504, 6692102 FAX; 0522-4918506

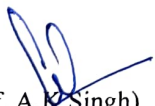
- entertained if they are not wearing a face mask or do not carry their Dr.RMLIMS student ID card).
- ii. Thermal Scanning (temperature recording) will be done.
 - iii. COVID-19 screening/testing: The students will be screened for COVID symptoms and a sample will be collected for COVID-19 testing if necessary.
 - iv. Only after the above screening process, will the students be able to proceed to your respective hostel room.

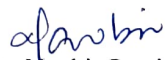
Dr.RMLIMS follows various COVID-19 guidelines/orders issued by the Government of India/Government of Uttar Pradesh from time to time. It is the student's responsibility to strictly adhere to the COVID-19 safety instruction and any breach may make them vulnerable to get infected. We request all students to keep abreast themselves of the guidelines and abide by the prescribed norms at all times to keep themselves safe. In spite of our best efforts, if a student acquires COVID-19 infection, he/she will be treated in Dr.RMLIMS according to the Dr.RMLIMS treatment protocol. However, Dr.RMLIMS will not be responsible or liable for any prosecution in any such cases. Day Scholars are encouraged to stay at home and follow strict COVID protocols.

Note: For any enquiry contact on: For Covid- 8176007601 & For Hostel: 7275012589 (boys) & 8189007846 (girls)

Classes in Dr RMLIMS

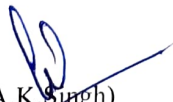
- i. From 1st to 10th Dec 2020 online classes will continue with students quarantined in their hostel rooms.
- ii. From 11th Dec 2020 onwards, the students will be reporting for onsite classes in the academic block as per schedule which will be displayed/ circulated.
- iii. At no cost/condition they will be allowed to roam around in the institute/hostel premises. If found roaming around without following Standard covid-19 precautions, they will be fined/penalized as per Institute norms.



(Prof. A.K. Singh)
Director, Dr.RMLIMS.


(Dr. Navbir Pasricha)
Member Secretary, U.G.Committee

Copy to:-

1. Office of the Director, Dr.RMLIMS.
2. Dean/CMS
3. Heads of All Broad Specialities, Dr.RMLIMS.
4. All Notice Board, Dr.RMLIMS.
5. Controller of Examination, Dr.RMLIMS.
6. Hostel Chief Warden, Dr.RMLIMS.
7. Computer Programmer with an instruction to upload the notice on institute's website.
8. COVID Control Room for the information.
9. Student Whatsapp group.


(Prof. A.K. Singh)
Director, Dr.RMLIMS.


(Dr. Navbir Pasricha)
Member Secretary, U.G.Committee

O/C.

सहमति – पत्र

मैं (अभिभावक का नाम)..... स्थाई पता.....
.....मोबाइल नं० (अभिभावक).....ई-मेल (अभिभावक).....
.....यह घोषणा करता हूँ कि 2019 एम०बी०बी०एस० के अभ्यर्थियों हेतु 01 नवम्बर 2020 से संस्थागत कक्षाएँ करने हेतु डा० राम मनोहर लोहिया आयुर्विज्ञान संस्थान, लखनऊ द्वारा कोविड-19 को देखते हुए जो भारत सरकार के निर्देश दिये गये हैं, उन समस्त दिशा – निर्देशों का पालन मेरे पुत्र/पुत्री द्वारा किया जायेगा, दिशा निर्देश बिन्दुवार हैं:-

1. छात्र/छात्रा.....बैच.....के द्वारा अपने घर से संस्थान आने पर 7 दिन का क्वारंटीन अनिवार्य होगा।
2. छात्र/छात्रा.....बैच.....के द्वारा संस्थान परिसर में जैसे- एकेडमिक ब्लॉक, छात्रावास, कैण्टीन/मेस इत्यादि जगहों पर अनिवार्य रूप से सोशल डिस्टेंसिंग का पालन किया जायेगा।
3. छात्र/छात्रा.....बैच.....के द्वारा मास्क, सैनेटाइजर इत्यादि का अनिवार्य रूप से उपयोग किया जायेगा।

उक्त समस्त दिशा-निर्देशों का पालन व ध्यान मेरे (अभिभावक का नाम).....
.....पुत्र/पुत्री.....के द्वारा नियमित रूप से रखा जायेगा, अतएव मैं समस्त जानकारियों का अध्ययन करने के उपरान्त अपनी स्वैच्छा से अपने पाल्य/पाल्या को कालेज में संस्थागत कक्षाएँ करने हेतु भेज रहा हूँ।

हस्ताक्षर अभिभावक:.....

ह० छात्र/छात्रा:.....

पूरा नाम व पता:.....

पूरा नाम व पता:.....

मोबाइल नं०:.....

मोबाइल नं०:.....

ई-मेल:.....

ई-मेल:.....

बैच/कक्षा रोल नं०:...../.....

