



CENTRE NUMBER 63215

DALY COLLEGE

INDORE MP

INDIA

INSTRUCTIONS AND PRECAUTIONARY MEASURES FOR ALL THE TEST TAKERS ON December 5, 2020.

All Test Takers are required to download the Undertaking Form from the Daly College website, submit it at entry, Checkpoint Room 1 duly filled and signed by their parents and the test taker.

SAT Test Center COVID-19 Safety Screening

- I declare that :
- In the past 14 days, I have not come into close contact (within 6 feet) with someone who has tested positive for COVID-19 test or is presumed to have COVID-19.
- I do not have COVID-19 or have reason to believe that I have COVID-19. Symptoms of COVID-19 include cough, fever, chills, muscle pain, shortness of breath or difficulty in breathing, sore throat, new loss of taste or smell.
- To my knowledge, I am not violating any travel restrictions or quarantine requirements.
- I agree to wear a mask the entire time I am at this test center and follow instructions from test center staff, otherwise I will be dismissed.
- The test center is taking all necessary measures to help create a safe testing environment; however, it isn't possible to entirely remove the risk of COVID-19 exposure. By entering the testing room, I am accepting that risk knowingly and willingly.

Name and Signature of the student: _____

Date:

OTHER IMPORTANT INSTRUCTIONS

ALTHOUGH THE COLLEGE BOARD HAS MADE THE EXEMPTION FROM THE ADMISSION TICKET ON THE TEST DAY, WE HIGHLY RECOMMEND THAT YOU BRING THE TICKET IN ORDER TO AVOID ANY ISSUES. PLEASE BRING YOUR PASSPORT AND ORIGINAL ADHAR CARD

- All test takers are required to wear a mask or protective face covering during the entire SAT administration. They won't be allowed in the test center without a mask, which is required for the entire duration of testing and their stay on the test center premises.
- There will be two Checkpoint Rooms , 1 and 2
- All belongings, mobile phone, calculator lids will be collected from the students at the Checkpoint Room 2 itself. Test Takers can place their devices or bags at the designated place in Checkpoint Room2, and collect them before leaving the campus. Test takers must ensure that the bags are labelled with the proper names.
- Test takers will not be allowed to carry any devices beyond the Checkpoint Room 2, however, water bottles, snacks, desired stationery, calculator, sanitizer are allowed. Mobile phones will be collected, as per the standard process, after students show their admission ticket
- All students are required to show their ID each time they reenter the testing room during a scheduled or unscheduled break. Test Takers should keep their printed admission ticket with them at all times.
- Any Test taker switching from taking SAT to SAT with Essay or vice versa, must inform the same at respective Checkpoint Room positively. Once the room is allocated, there will be no scope of changing the room.
- As with all administrations, only test materials can be on a student's desk, during testing. Sanitizer, extra masks, or other COVID-19 related supplies must be kept under their desks.
- Please be notified that the breaks between the exams have been extended, hence the dispersal of the test takers will also be affected.
- Test Takers must pull their masks down during check-in, pulling them away from their face for visual inspection.
- Test Takers need to place ID and admission ticket face up on the admission table/proctor's desk, so that the documents can be examined without any contact.
- After the test is over, the test takers must move out of the campus without any delay, as sitting and waiting in the waiting arena is strictly prohibited for the SAT September/October administration.
- Tentative Departure Timings:
 - SAT: Between 12:15 pm to 12: 30 pm
 - SAT with ESSAY: Between 1:00 pm to 1:15 pm

**TO UNDERTAKE SAT EXAM OF COLLEGE BOARD AT TEST CENTER, DALY COLLEGE,
INDORE**

My ward _____ Son of/Daughter of _____ with Roll no. _____ shall be appearing for Scholastic Assessment Test of College Board, to be held on December 5, 2020 at the Daly College, Indore, SAT test centre 63215.

With full awareness and appreciation of the risks involved of contracting COVID-19, I, for my son/daughter and on behalf of my family, spouse, heirs, executors, administrators, assigns, and personal representatives do hereby forever release, waive, discharge, and covenant not to sue the Daly College, Indore.

I agree to indemnify and hold harmless the Daly College Principal, Staff, Board of Governors, all employees or agents, successors, and assigns from any and all liability, claims, demands, actions, and causes of action whatsoever, directly or indirectly arising out of or related to any loss, damage, or injury that may be sustained by the examinee taking exam/test, related to COVID-19.

I undertake the following:

1. My ward shall follow physical distancing of at least 6 feet during all movements;
2. My ward shall hand wash with soap even when hands are not visibly dirty;
3. My ward shall use face cover/mask at all times inside the test center and shall not spit at any time or place within the campus.
4. My ward shall immediately report any illness.
5. My ward shall follow SOP on preventive measures issued by the Ministry of Health & Family Welfare, Government of India and all guidelines disseminated by the State Authorities and local authorities pertaining COVID-19;
6. My ward shall follow all instructions announced by the College as an additional measures as per the local assessment to prevent spread of Covid 19 infection and in line with activities permitted by Ministry of Home Affairs.

I certify that my ward does not have any of the following COVID-19 symptoms outlined by the health officials - shortness of breath or difficulty in breathing, fever, chills, muscle pain, sore throat, and loss of taste or smell. If my ward develops any of the aforementioned symptoms my ward would not attempt the exam at Daly College, Indore. I certify that neither my ward or I, nor any members of my immediate family have been advised by health officials to self-quarantine nor my home is in containment zone

By signing below I acknowledge and represent that I have read the foregoing declaration and understand it and sign it voluntarily as my own free act and deed.

Name of the parent:Signature.....

Mobile no.Date.....

Name of the ward (examinee):Signature.....

Address

- Note:
1. If the Examinee fails to meet the declaration criteria, he/she shall be denied the entry to the test centre.
 2. Only asymptomatic students shall be allowed inside the test centre.