


**Guidelines to be followed while coming to University Campus for  
Obtaining Clearance/taking baggage**

1. Hostel Boarders are instructed to come to the campus in a phased manner following the Covid-19 Guidelines strictly (wearing mask, maintaining social distancing, proper sanitizer, download ArogyaSetu App in mobiles, etc).
2. No food facilities would be available in the hostel.
3. Shuttle services are permitted from University campus to Sunabeda-1/Panthika and back to the campus as per the requirement.
4. Student coming with personal vehicles are allowed but they have to maintain the Covid-19 guidelines.
5. Hostel Boarders are intimated to follow the uploaded schedule in the University website for visit to campus.
6. Students visiting campus may contact following officials for any query:
  - I. Covid – 19 Nodal Officer – 7873234023/7008950126
  - II. CUO Admission Helpline Number – 96688 87305
  - III. Chief Warden – 9439403612, E-mail – [kapilacuo@gmail.com](mailto:kapilacuo@gmail.com)
  - IV. Warden Boys' Hostel – 8018144495, E-mail – [warden.bh@cuo.ac.in](mailto:warden.bh@cuo.ac.in)
  - V. Warden Girls' Hostel – 9437106066, E-mail – [warden.gh@cuo.ac.in](mailto:warden.gh@cuo.ac.in)
  - VI. Head I/cs of Concern Department
  - VII. Asst. Librarian - 7978914382
7. Boarders are not allowed to stay in the Hostel and they are instructed to take their belongings from 8 am to 4 pm of the same day of their visit.
8. The schedule must be followed strictly.
9. All the forms pertaining to the clearance must be downloaded from the University website and students should reach the university campus with duly filled in forms.
  - I. Caution money refund form
  - II. No due forms
  - III. Fitness certificate
  - IV. Corona Virus self declaration forms
  - V. Schedule for Student visit
10. University Identity Card is to produced while entering into the Campus.
11. Girl students may be accompanied by only one of their parents/guardian and they have to follow the Covid-19 Guidelines.
12. All the heads of the Departments and Asst. Librarian are requested to be at their respective places to help the students.
13. To avoid the traveling of the students of DBCNR, Anthropology, and JMC from main Campus to Landiguda Campus for no dues clearance, necessary arrangements are made for giving the same in the main campus Sunabeda by the respective departments on the scheduled dates.

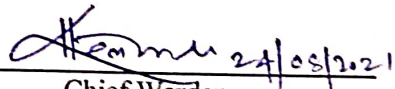
  
Dy. Registrar /C

**CENTRAL UNIVERSITY OF ODISHA**

P.O. - NAD Sunabeda, Dist - Koraput - 763004

Date	DEPARTMENT	NUMBERS OF BOARDERS VACATING THE HOSTELS		TOTAL OF BOYS' HOSTEL	TOTAL OF GIRLS' HOSTEL
		BOYS' HOSTEL	GIRLS' HOSTEL		
01.09.2021	ENGLISH	11	12	20	23
	HINDI	2	6		
	J & MC	7	5		
02.09.2021	B.ED	21	24	21	24
03.09.2021	MATH	3*	2*	19	36
	MBA	4	3		
	ANTHROPOLGY	2	17		
	ECONOMICS	10	14		
06.09.2021	ODIA	15	13	20	18
	BCA	5	5		
	SANSKRIT	2	9	20	37
	STATISTICS	6	3		
07.08.2021	SOCIOLOGY	6	11	20	37
	DBCNR	6	14		
		100	138	100	138

\* The numebr may be increased due to the issue of B.Sc. (Hons.) in Mathematics

  
24/08/2021  
Chief Warden  
Central University of Odisha



# Central University of Odisha

(Established Under the Central Universities Act, 2009)

## APPLICATION FOR CAUTION MONEY REFUND

1. Name of the Student / Scholar with full address :.....  
 .....  
 .....
2. Programme of Study :.....
3. Enrolment No./Roll No. :.....
4. Academic Session :.....
5. Name of the Department :.....
6. Date of admission in the 1<sup>st</sup> Semester :.....
7. Date of final Result Declaration :.....
8. Amount Deposited :
  - (a) As Library Caution Money :.....
  - (b) As Laboratory Caution Money :.....
  - (c) As Hostel Caution Money :.....
9. Bank Details :
  - (a) Bank Name & Branch :.....
  - (b) Account No :.....
  - (c) IFS Code :.....
10. Contact Details:
  - (a) Mobile No :.....
  - (b) Email ID :.....

**Declaration**

The information furnished above is true to the best of my knowledge and belief. Therefore an amount of Rs.....(in word).....may kindly be refunded.

Date:

\_\_\_\_\_  
Signature of the applicant

**For office Use**

**Forwarded for consideration and necessary action**

Library: \_\_\_\_\_ Laboratory: \_\_\_\_\_ Hostel: \_\_\_\_\_

Department: \_\_\_\_\_

\_\_\_\_\_  
Signature of HOD with office seal

**Note:**

1. Photocopy of Bank Pass Book & 1st admission (Student Copy) Challan /SBI Collect receipt must be enclosed.
2. No claim for refund of caution money will be entertained after one year from the date of publication of result of the final examination or discontinuation of the course.
3. Refund claim should be submitted within one month of appearing in the final semester examination.



## Coronavirus Self-Declaration Form

Due to the ongoing and rapidly changing situation with the novel-coronavirus (COVID-19), we are requesting all visitors to the Central University of Odisha, Koraput to fill-up the self-declaration form below.

1. If you are applying online, please send in to ..... before.....hours

First Name:	
Last Name:	
Organization/Instigation Coming from	
Contact details with Phone and Email.	
Contact Person at CUO	

2. Do you have any of the following flu-like symptoms:

Fever (38° or higher)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Cough	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Difficulty in Breathing	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Sore throat	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Any Others: Please specify	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Loss of senses of smell and Taste	<input type="checkbox"/> Yes	<input type="checkbox"/> No

3. Please list the country/cities you have travelled to in the last 45 days prior to arriving at CUO.

Name of Country/State/City:				
Date of arrival:				
Date of departure:				



## Coronavirus Self-Declaration Form

4. Have you or an immediate family member come in close contact with a confirmed case of the coronavirus in the last 45 days? (*“Close contact” means being at a distance of less than one metre for more than 15 minutes.*)

*This document will be retained confidentially by the University for one month after submission.*

*The health and wellbeing of our community is our first priority.*

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Thank you for your cooperation:

# Fitness Certificate from Competent Authority

## To Whom It May Concern

This is to certify that Mr/Miss \_\_\_\_\_

Daughter/Son \_\_\_\_\_ of

village/town \_\_\_\_\_ District/State

\_\_\_\_\_ is not suffering from cold, cough, fever or any

diseases and fit to travel from date \_\_\_\_\_

village/town \_\_\_\_\_ to Koraput.

Name and designation:

Assistant Surgeon/Officer above the rank

Seal with signature