



भारतअनुप -भारतीय मसाला फसल अनुसंधान संस्थान  
**ICAR - INDIAN INSTITUTE OF SPICES RESEARCH**

(भारतीय कृषि अनुसंधान परिषद Indian Council of Agricultural Research)

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(ISO 9001 : 2015 Certified Institute)



F. No. 68-9(1)/2020-Estt

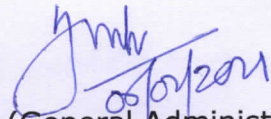
Date: 05.02.2021

**CIRCULAR**

In view of the persistence of Covid-19 and various advisories issued by the Government from time to time, on account of precautionary/ remedial measures to contain Covid-19 infections all are requested to ensure the following measures inside the office premises.

1. Compulsory wearing of masks inside the campus
2. Those who are staying at the Guest house of the Institute should give an undertaking in the prescribed format (copy enclosed) before occupying the room.
3. In view of SYMSAC, all the halls where the events are being conducted and committee room needs to be disinfected every day.
4. The SYMSAC committee should ensure availability of sanitizers in halls, where the events are being conducted.
5. Frequent sanitizing of vehicles and office rooms ~~routine~~
6. Following SMS protocols as a routine practice

This is issued with the approval of the Director for strict compliance.

  
Head (General Administration)

Copy to:

1. Intranet for circulation

*Take the spice route to keep Covid at bay*

PABX: 0495-2731410/2731753/2731345 Director's Office: 0495-2730294 Project Coordinator: 0495-2731794,  
ARIS cell: 0495-2730704. IISR Experimental Farm, Peruvannamuzhi : 0496-2249371. KrishiVigyan Kendra,  
Peruvannamuzhi :0496-2662372, Fax : 0091-495-2731187  
Email: [director.spices@icar.gov.in](mailto:director.spices@icar.gov.in) Website : [www.spices.res.in](http://www.spices.res.in)

## UNDERTAKING

1	Name & Address of the Occupant	:	
2	Contact Number	:	
3	Purpose of visit	:	Official / Personal
4	Name of the official to be contacted in IISR, if applicable	:	
5	Period of stay at Guest House	:	From: _____ To: _____
6	Details of Govt. issued Identity card ( Aadhar Card, Election Card, PAN Card, Driver's License)	:	
7	Whether you were having signs/symptoms (Fever, Rhinitis, cough, sore throat, Breathing difficulty, diarrhea , loss smell/taste, excessive fatigue) of COVID 19 for the last seven days	:	
8	Whether any history of primary contact with a Covid-19 person for the last 7 days	:	

I..... certify that the above information is correct to the best of my knowledge.

Date:

Name :

Signature :