

Self-Declaration / Undertaking by Hostel Residents of REC Sonbhadra

I..... (Name of Student)
S/D/O/..... (Fathers Name)
declare that: -

- I am not having fever, cough and breathing problem (from last 2 weeks).
- None of my family members where I was living (.....), is suffering from fever, cough and breathing problem past 2 weeks.
- I am not having any disease like diabetes, hypertension or heart/ lung /kidney related disease, etc.
- I will wear face mask as well as any other prescribed protective gear and maintain physical social distancing in hostel, mess and class rooms and College campus.
- I will regularly wash my hands with soap and water for at least 20 seconds or clean them with alcohol-based sanitizer.
- I will use Aarogya Setu App on my mobile and it will remain active at all times (through Bluetooth and Wi-Fi)
- I will self-monitor my health every day after I return to the College. In case, I develop fever, cough, flu-like symptoms and/or breathing problem then I will inform about it to the hostel warden /Dy. DSW/ DSW also I will consult / health center / a doctor and follow medical advice.
- I understand that there is always a possibility of getting infected by the virus. My parents/ guardians are also fully aware of my wish to return to the campus to attend the practical classes and Major Theory and Practical Exam.
- I also want to declare that College authority has not put any pressure on me to stay in the hostel.
- I also undertake that during my stay in the campus I will stay in the room allotted to me and I will not roam in the campus or outside the campus unnecessarily.
- I also undertake that I will vacate the room allotted to me next day after the completion of schedule.
- I also understand that REC Sonbhadra has no Primary Health Care Centre. However, in case of COVID-19 infection I may require isolation, treatment and/or hospitalization outside the campus, for which government laid down protocols.

Signature of student:

Name of student:

Roll No. of Student:

Department:

Mobile number: -

Last day of stay as per schedule:

Signature of Parents:

Name of Parents:

Contact number of Parents: