

Date: Place:



Undertaking by Student Returning to Shoolini University - GHS (

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door	Hostel
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I,		. S/o/D/o		Regist	ration			
Йo	,of	 Department	and	Course,	and			
-	year as registered student of Shoolini University of Biotechnology and Management Sciences							
("University"), Solan hereby, agree and undertake that:								
•	I wish to return to the University and stay in the GHS hostel (Good Host Spaces (Shoolini Pvt. Ltd.), situated in University campus (" Hostel ") to attend classes, laboratories, library, and any other officer or departments for my academic-related activity;							
•	I have RTPCR negative certificate, which is not older than 5 days and will be submitted to the authorities (hostel or university) upon my arrival to the hostel;							
•	I do not have a fever or any other symptoms identified as symptoms with patients affected by COVID-19 and I have not been tested positive for COVID-19 nor do I have any major ailments that require monitoring and hereby agree and undertake that, in the event, I suffer from any major ailments, I shall immediately declare the same to University & Hostel Authorities (GHSPL);							
•	I will abide by all the guidelines/orders/instructions or any other communication that may be issued by University & Hostel Authorities (GHSPL) or any regulatory authority, concerning Hostels/ use of the same/ measuring concerning COVID-19, during my stay at the Hostel;							
•	In the event, I show any symptoms co stay at Hostel, I will abide by all guid issued by the Medical Authorities or the Regulatory Authorities, including but n	lelines/orders/instructions e University or the Hostel A	or any other communic Authorities (GHSPL) or th	cation that man	ay be			
•	I intend to stay at the Hostel at my sole discretion and my own risk and in no event shall University & Hostel Authorities (GHSPL) or its directors, officers, and employees are liable to me or my parents or any person, for any reason whatsoever, that may arise due to any unforeseen event resulting in me testing positive for COVID-19 or otherwise; and							
•	I realize that there is always a risk of go Solan and in the country. I and my par points	etting infected by the virus						
•	I shall bring my masks, sanitizers, and a thermometer (if needed) for my personal use							
abi	ereby declare that the details given abo de by all the operating procedures issue by the given directives would be a discip	ed by the University and h						
	dent Signature:							
Stu	dent Name:							
Pla	· ····							
			(1	Countersigna	ture)			
Signature Parent:								
Na	me and Contact No:							