

Undertaking by Student (Day Scholar) on Return to Shoolini University Campus

I, _____, S/o/D/o _____, Registration No. _____, of _____ Department and _____ Course, from ____ year as a registered student of Shoolini University of Biotechnology and Management Sciences (“University”), Solan hereby, agree and undertake that:

- I wish to return to the University to attend classes, laboratories, library, and visit any other offices or departments for my academic-related activity;
- I have an RTPCR negative certificate, which is not older than 5 days on the day of my first joining and will be submitted to the University authorities on the first day of my arrival on the Campus;
- I do not have a fever or any other symptoms identified with patients affected by COVID-19 and I have not 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 the University authorities.
- I will abide by all the guidelines/orders/instructions or any other communication that may be issued by the University or any regulatory authority, with measures for the prevention of COVID-19.
- In the event, I show any symptoms concerning COVID-19 or I am tested positive for COVID-19, I will keep the University authorities informed and I will not visit the University campus. I will abide by all guidelines/orders/instructions or any other communication that may be issued by the Medical Authorities or the University or any Government Regulatory Authority, including but not limited to self-isolation/institutional quarantine or otherwise;
- **I intend to visit the University campus at my sole discretion and my own risk and in no event shall the University or its directors, officers, and employees be 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 getting infected by the virus due to the number of cases in and around Solan and in the country. I and my parents/guardians are fully aware of this fact and the above-mentioned points
- I shall always own my masks, sanitizers, and a thermometer (if needed) for my personal use
- I understand that in the University, I have to share common areas, washrooms and, dining facilities, etc. I shall take necessary care all the time by diligently following all the laid down protocols and agree to maintain the hygienic condition of the shared spaces after use as per hostel protocols

I hereby declare that the details given above are correct to the best of my knowledge and belief and I agree to abide by all the operating procedures issued by the University and any deliberate refusal or failure to obey the given directives would be a disciplinary offense.

Student Signature:
Name and Contact No:
Date:
Place:

(Countersignature)

Signature Parent:
Name and Contact No:

Date:
Place: