

UNDERTAKING BY UG/PG Students (Final BE/M Tech/MCA)

Fill whichever is Applicable

I _____(Name) am returning from (Out Station
Address) -----

-----Mobile No _____ on / / 2020. After return to
city, I am living at (Local Address) -----

I declare that

- I am not having fever, cough and breathing problem since 14 days and am not having any comorbidities.
- None of my family members where I was living (.....), is suffering from fever, cough and breathing problem in past 2 weeks.
- I will use **facemask** as well as any other prescribed protective gear and maintain **social distancing** inside **RV College of Engineering Campus**.
- I will regularly **wash hands** with soap and water and sanitize frequently.
- I will use **Aarogya Setu App** on my mobile and it will **remain active** at all times.
- In case, I develop fever, cough and breathing problem then I will inform about it to my / Head of Department/ counselor/ warden. Also, in such a case I will consult a doctor and follow medical advice.

- I understand that there is always a possibility of getting infected by the virus due to the number of cases in CITY, STATE and in the country. I and my parents/ guardians are fully aware of the above fact and I wish to return to the campus to start attending classes/laboratories. I also want to declare that COLLEGE authorities have not put any pressure on me to rejoin the classes / laboratories.
- I also understand that RV College of Engineering has only a Primary Health Centre and it will extend all available facilities in case of a medical emergency. The contact number is 080-67178100.
- The students are advised to consult RVCE HEALTH CENTRE through GOOGLE MEET portal. The mail id mentioned for the same is rvcehealthcentre@rvce.edu.in
- However, in case of CoViD-19 infection, I may require hospitalization outside the campus for which Government laid protocols and costs apply.
- *I will get the COVID test done preferably RT-PCR which is latest and done at least 3 days before entering the campus. The report will be uploaded to the portal.*

Signature of student :	
Name of student :	
Student USN:	
Department :	
Date of Joining:	
Contact Mobile number:	
Emergency contact number 1:	
Emergency contact number 2:	

Signature of the student

Signature of Parent/ Guardian

Signature of the Head of the Department