



UNDERTAKING BY STUDENT RETURNING TO MUJ-GHSL HOSTELS

I _____ S/o/ D/o _____,

Enrolment Number _____, of _____ (Department)

_____ (1/2/3/4/5Year) as registered student of Manipal University Jaipur affirms that,

- I wish to return to the MUJ campus without any pressure and want to stay in the hostel to attend classes, laboratories, library, and other offices for my academic related activities.
- I have RTPCR negative certificate, which not older than 07 days on my arrival to Hostel.
- I do not have any cough, fever and breathing problem for the last two weeks.
- I do not have any heart, lung, or kidney-related problems.
- I ensure you that, I will abide by University Post Covid -19 guidelines.
- I will self-monitor my health for initial 07 days after my arrival to the university, and in case I develop any COVID 19 symptom, I will immediately inform about it to the authorities.
- I realize that there is always a risk of getting infected by the virus due to the number of cases in and around Jaipur and in the country. I and my parents/ guardians are fully aware of the above fact.
- I shall bring my own masks, sanitizer, and a thermometer for personal use.
- I understand that in the hostel, I have to share common areas, washrooms, rooms and, dining facilities etc. I shall take necessary care all the time by diligently following all laid down protocols in the hostel.
- I agree to maintain the hygienic condition of shared spaces after their use as per hostel protocols.
- I also understand that in the case of CoViD-19 infection, I may require hospitalization inside/outside the campus for which Government laid down protocols and costs apply.

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

Signature (Student)

Name and contact number

Date:

Place:

(Countersignature)

Signature (Parents)

Name and contact number

Date:

Place: