

**Self-Declaration / Undertaking by student / Project Staff
(Returning to VNIT Laboratories)**

Date:/...../2021

Respected Sir / Madam,

I am willing to take a semester off (Yes / No).....

OR

I (.....), want to return from,
.....
.....

(Mobile number), on/...../2021. After return to Nagpur , I will be living at following address:

.....
.....

I declare that

- I wish to return to the VNIT campus and stay in the hostel to start working in the laboratories and other offices for my research related activities.
- I also want to declare that my supervisor has not put any pressure on me to rejoin the research activities at VNIT Nagpur.
- I am not having fever, cough and breathing problem (from last 2 weeks).
- None of my family members where I live (.....), is suffering from fever, cough and breathing problem past 2 weeks.
- I am not having any heart, lung or kidney related problem.
- I will use face mask as well as any other prescribed protective gear and maintain social distancing in my class room/ Laboratories/ academic area/ hostels and in the campus.
- I will regularly wash hands with soap and water for at least 40 seconds or clean 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 for 14 days. In case, I develop fever, cough and breathing problem then I will inform about it to my supervisor / in charge/ Warden/ Head of department, unit, etc. Also 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 Nagpur and in the country. I and my parents/ guardians are

fully aware of the above fact.

- I also understand that VNIT Nagpur has only a Primary Health Care Centre and it will extend all available facilities in case of other medical emergency. However, in case of COVID-19 infection, I may require hospitalization outside the campus for which Government laid down protocols and costs apply.

- Signature of student / Project staff :
- Name of student / Project staff :
- Student ID..... & Enrl No:
- Dept:
- Date of Joining : Student Hostel and Room No :
- Contact Mobile number: - Emergency contact number 1:
- Emergency contact number 2:

❖ I shall coordinate the well-being of the research scholar with the help of available Institute facilities in case of any COVID-19 related emergency. In case of out of campus hospitalization of the research scholar/post doc working with me, if necessary, I shall coordinate with the institute in all possible ways for the well- being of the students including hospitalization.

Name and signature of the Research Supervisor / P.I

Signature of the Head /Center

Scan and send to : dean_sw@vnit.ac.in, diliplataye@rediffmail.com, hostelmanager@vnit.ac.in,

□