

**Self-Declaration / Undertaking by Student  
(GLBGI Hostel Resident)**

Date: ...../...../2020

I, \_\_\_\_\_, am willing to take Hostel Facility for the session 2020-21. I shall be returning from the address ..... to the Hostel on ...../...../2020.

**I hereby declare that -**

- I am willingly opting Hostel Facility and stay therein to work in the Laboratories/Workshops, etc. and other academic related activities of the academic session 2020-21.
- 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 entire 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 Hostel Warden/ Head of Department, 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 the country. I and my parents/ guardians are fully aware of the above fact.
- I understand that on joining the hostel, I may be quarantined for 14 days (as per government notification). I shall bring my own masks, sanitizer and a thermometer for monitoring body temperature for personal use.
- I understand that in the hostel I have to share common washrooms, and dining facility, etc. I shall take necessary care all the time by diligently following all instructions/notices/protocols in the hostel.
- I also understand that institute has only a Primary Health Care 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 and I have to bear the cost.

Signature of Student : \_\_\_\_\_

Name of Student : \_\_\_\_\_

Student ID : \_\_\_\_\_

Dept: \_\_\_\_\_

Student Mobile No. : \_\_\_\_\_

**Emergency Contact number -**

1: \_\_\_\_\_

2: \_\_\_\_\_