

GURU ANGAD DEV VETERINARY AND ANIMAL SCIENCES UNIVERSITY, LUDHIANA

UNDERTAKING AND SELF DECLARATION BY STUDENTS ARRIVING IN UNIVERSITY FOR EDUCATIONAL ACTIVITIES

You are requested to provide the following information to safeguard your own health:

PART-A

(i) Personal information

1.	Name of student		
2.	Admission No.		
3.	Mode of Journey		
4.	Date of Arrival		
5.	Place of origin of journey		
6.	Stay between origin and destination of stations (if any)		
7.	Residence		
8.	Mobile Number		
9.	Email ID		

(ii) Permanent Address

1.	House Number	
2.	Street/Village	
3.	Tehsil	
4.	District/ City	
5.	State	
6.	PIN	

(iii) Local Contact Address

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PART-B

i) Have you visited any Containment /Red Zone/any other country in last 14 days? Yes / No
if yes

a. Place _____

b. Period _____

ii) Are you suffering from any of the following symptoms:

- | | | |
|---------------------------------------------------------|-----|----|
| • Fever | Yes | No |
| • Cough | Yes | No |
| • Respiratory disease
(e.g. difficulty in breathing) | Yes | No |
| • Any other COVID-19 related
symptoms | Yes | No |

Signature of Student

PART-C

I _____ S/o D/o W/o _____ resident of _____

_____ hereby declare that:

1. I am joining the educational activities at the university at my own will and with the consent of my parents/guardian.
2. I am
 - a) not coming from any containment zone and red zone OR
 - b) coming from containment red zone. OR
 - c) coming from _____ country.
3. I have got tested myself for COVID-19 (RT-PCR) within last 72 hours on(Date) from.....lab, which is authorized by Govt. of Punjab/India for COVID-19 testing and my report is negative (Copy of report attached).

OR

I shall remain in Government approved/University quarantine facility for a period of 14 days after arrival in Ludhiana.
4. I shall monitor my health and maintain distance with those around me and report to a health facility in case I suffer from any symptoms or any of my family contacts/friends develop any symptoms of COVID-19.
5. I have been explained and have understood the precautions that I need to follow while I am in quarantine, working in university and staying at hostel.
6. I have activated COVA and Arogya Setu apps on my phone and I assure that it will remain active throughout the period of my stay at Ludhiana.
7. I will follow the necessary COVID-19 related guidelines issued from time to time by the different departments of Punjab/ Indian Government/ University.

Signature _____
Date _____
Mobile Number _____
Registration No. _____
Department _____

Signature of Parent/ Guardian

(Major Advisor)

(Head of the Department)

(Warden)

(Director Students' Welfare-cum-Estate Officer)