

Annexure I

Format for undertaking from student on rejoining college

I, _____, Son/Daughter/of _____

From _____ MBBS _____ Term, hereby declare that I do not have any symptoms suggestive of COVID19 infection. I am aware of all precautions related to COVID 19 and undertake to follow all the rules and regulations of the college, University, and State Government with regards to the pandemic and functioning of the college. I consent to my personal contact details being shared by Hospital authorities with Public Health Authorities as per the Epidemic Act in case I contract COVID19 infection.

Name:

Signature:

Date:

Place:

Mobile No.: