AFFIDAVIT & HEALTH DECLARATION

I, _____ roll no _____ do solemnly affirm and declare that:

1. I have decided to come to NUCES campus for resumption of studies voluntarily, and I have the option not to return.
2. I shall abide by all SOPs for the prevention of Covid-19 notified by the Government and the University.
3. Check (✓) whichever is applicable to you:

   ☐ To the best of my knowledge neither I, nor any of my family members have any symptoms that can be attributed to Covid-19, OR

   ☐ I, or my family members contracted Covid-19, but now have fully recovered and cannot transmit the disease.

4. In spite of all safety protocols, if I contract Covid-19 I shall not hold the University responsible for it.
5. If I develop any symptom of Covid-19, I shall immediately inform the campus authorities and will not come to the campus until full recovery.

Student's Signature: _____ Dated: _____

Student's Mobile No: _____

Parent's Signature: _____ Dated: _____

Parent's Name: _____ Mobile No: _____