To					
The Registrar					
Vidyasagar University,					
Midnapore - 721102.					
Dear Sir,					
I, Prof. / Dr. / Mr		•••••			
(Designation), Department					of
				with	1.
		O			2.
	•	coming	f	rom	(detail
address)		O			
the guidelines of the Government of Wono one to take the responsibility to sar campus during this lockdown period 14(fourteen) days, I/We have not come best of my/our knowledge. I/we also do COVID 19 affected area or COVID 19 period. I/We also hereby confirm that I FLS (flu like symptoms) including his declare that I have been partly/fully valuedlines and guidelines issued by the further that if there is any lapse, the aut Diseases Act 1897 which is currently in valued in the control of the control of the guidelines and guidelines is sued by the control of the currently in valued in the currently in valued i	est Benganitize the d. I/We in contact of hereby P hospital (I/We am/ogh tempore COVI) the Gove thority wogue.	and WHO. car to be br do hereby t with any Co declare that als or any ot are not suffe erature recer with COVII D 19 protoco rnment of V ill act in acco	I UNI ought declar OVID I/we he her he ring of otly. I D-19 va ol as n Vest B	DERSTAND into the Ur e that dur. 19 patient as ave not visit ospitals dur r suffered from the do hereby accine. Further tioned in engal. I/we	there is niversity ing last sper the ited any ring this rom any further her I/we n WHO declare
Signature/s	Cell No	./s.			
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