

(Declaration to be given by Students)

Date:

Declaration

To
The Registrar / Head, Department of
Vidyasagar University,
Midnapore

Sir,

I do hereby declare that during last 14(fourteen) days, I have not come in contact with any COVID- 19 patient as per the best of my knowledge. I also do hereby declare that I have not visited any COVID 19 affected areas or COVID -19 hospitals or any other hospitals during this period. I also hereby confirm that I am not suffering or suffered from any FLS (flu like symptoms) including high temperature recently. **I do hereby further declare that I have been partly/fully vaccinated with COVID-19 vaccine.** I will strictly follow the Social Distancing Norms and COVID -19 protocols as mentioned in WHO guidelines and the guidelines issued by the Government.

Signature

Name:

Roll No / Student ID:

Department / Centre: