## (Declaration to be given by all employees fortnightly)

Date:
<u>Declaration</u>
To The Registrar, Vidyasagar University, Midnapore
Dear 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:
Designation:
Department / Office: