

UNDERTAKING BY HOSTEL BOARDERS

By signing this form, I declare the following voluntarily :

1. I have done my COVID-19 test on and my result was negative in that test.
2. I have not come in contact with anyone with a confirmed COVID-19 diagnosis in the last 14 days.
3. I will report any illness or fever immediately to the Dibrugarh University Health Centre Authority.
4. I will maintain the social distancing in the Hostel Campus and will strictly follow all the safety measures issued by the Authority.
5. I will not invite any friend or outsider to the Hostel premises.
6. I have re-joined the Hostel with proper permission from my parents/ guardians and the University Authority is not responsible in this regard.
7. I will be solely responsible for my health safety and the University Authority is not responsible for my stay in the Hostel.
8. The University Authority has the right to deny any hostel boarder to re-join the Hostel or may ask to vacate the Hostel Immediately if my health condition poses an undue health risk to other boarders.

The information I have provided in this form is true and complete to the best of my knowledge. I shall be solely responsible if I fail to comply with the terms and conditions and shall be liable for the action, as per the decision of the Dibrugarh University Authority.

Name of the Parents/ Local Guardian:

Signature of the Parents/ Local Guardian:

Contact No. of the Parents/ Local Guardian:

Date:

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Name of the Boarder:

Signature of the Boarder:

Contact No. of the Boarder:

Name of the Hostel:

Room No.:

Department:

Date: