



THE ASSAM KAZIRANGA UNIVERSITY

JORHAT, ASSAM

**UNDERTAKING FOR ATTENDING REGULAR CLASSES UNDERTAKING FROM
PARENTS / GUARDIAN**

I Mr. / Ms. Father / Mother /Legal Guardian of Mr. / Ms.
..... student of (Course) (Semester) Roll No.
..... do hereby undertake and confirm that I permit my son / daughter / ward to go to
The Assam Kaziranga University (“**KU**”) to physically attend regular classes from 02
January, 2020.

I hereby undertake that my son / daughter / ward:

1. Has undergone RT-PCR not more than five (5) days and/or Rapid Antigen Test (RAT) not more than seventy two (72) hours before physically reaching the University and has tested Negative;
2. Will submit a self-attested copy of the Negative report of the RT-PCR/RAT Test to the Hostel Warden on arrival at the KU campus;
3. Shall keep himself/herself quarantined in the designated place and for such designated period of time, if necessary, and as advised by the authorities at KU;
4. Shall remain alert about himself/herself and fellow students regarding signs and symptoms, particularly fever, cough, body ache and difficulty in breathing. If any such symptoms appear shall immediately contact the concerned authority at KU for necessary action;
5. Shall wear an appropriate Mask at all times, Maintain Physical Distancing at all times, Use Sanitizers regularly and Maintain Hand Hygiene;
6. Shall not venture out of the KU campus without valid reasons and without due permission of authorities;
7. Shall avoid any gathering;
8. Shall follow all COVID-19 norms notified from time to time by KU;
9. Shall be subject to such disciplinary action as deemed appropriate by KU in accordance with it Rules and Regulations in case of violation of the prescribed guidelines.



I agree to bear any and all medical and ancillary expenses incurred by my son / daughter / ward and/or KU on behalf of my son / daughter / ward in case of him / her being diagnosed with COVID – 19 or as a result of any tests carried out to determine whether he / she has contacted COVID – 19.

I hereby agree and acknowledge, on behalf of my son / daughter / ward and myself, to release and hold harmless KU and its officers, staff, and employees from and against any present or future claims, liabilities, costs and expenses to my son / daughter / ward resulting from contacting COVID - 19, including his/her illness or for any other damage.

I hereby certify that I have carefully read and understood the contents of this Undertaking. I also certify that I have explained to my son / daughter / ward the contents of this Undertaking. I certify that I have freely executed this Undertaking.

Signature of Father/Mother/Legal Guardian:

Name of Father/Mother/Legal Guardian:

Phone Number of Father/Mother/Legal Guardian:

Address of Father/Mother/Legal Guardian:

Date:

Signature of Student:

Name of Student:

Student ID: