

Handwritten: 26/02/2020

UNDERTAKING

1. IS/o / D/o
Permanent Address
.....
confirm my willingness to return to college.
2. I confirm my readiness to follow all directives given by college officials on arrival regarding precaution from COVID- 19 disease.
3. I undertake and agree that college administration will not hold any responsibility for any loss to me (Including death) due to COVID-19.
4. I will immediately report to college authorities if any COVID-19 symptoms arise.
5. I declare that I have completed the require period of quarantine after reaching College of Community and Applied Sciences, Udaipur as per COVID-19 guidelines.
6. I shall myself would be completely responsible for any untoward happening on account of COVID-19 disease and shall not put any complaint against authorities for such.
7. Please enclose self attested parents ID Proof.

Signature of Student with Date

Name of

Mobile No.....

Email.....

Name of Department.....

I Father's of
hereby agree to the above mentioned conditions.

Signature of Father with Date

Name

Verified

Advisor

Administrative Office