

Please note that candidates coming in the Institute for Ph.D. admissions/counselling scheduled to be held on 09/11/2020 are required to give undertaking (for COVID-19 & accommodation) as per format given in this file and accommodation shall be given as per terms, conditions of the Institute and availability of accommodation. All are required to follow terms and conditions given in undertaking.

Sant Longowal Institute of Engineering & Technology, Longowal

Self-Declaration / Undertaking

(By Ph.D. Scholar returning for Research Work in respective laboratory at SLIET, Longowal)

Respected Sir / Madam,

I S/o/D/o.....Regn. No. (Mobile Number) have gone through and understood the guidelines and standard operating procedures (SOPs) of the Hostel/Institute, pertaining to resumption of research work. I am aware that it is entirely voluntary for me to return to the Institute and that I am doing so of my own will, having understood the risks inherent in commuting to, and doing laboratory work at the Institute in the current Covid-19 situation.

I am returning from (address where presently staying)

Distt.:.....State.....Pin.....on .../.../2020.

After return I'll be staying at (address)

.....

I declare that:

1. I shall follow all the guidelines and standard operating procedure (SOPs) of the hostel/institute.
2. I am not having fever, cough and breathing problem from last 2 weeks.
3. None of my family members where I am/was staying presently (address), is suffering from fever, cough and breathing problem past 2 weeks and **it has not been declared as a containment zone**.
4. I am not having any disease like diabetes, hypertension or heart/ lung /kidney related disease, etc.
5. I'll self-monitor my health every day after I rejoin the Institute. In case, I develop fever, cough, flu-like symptoms and/or breathing problem then I'll inform about it to my supervisor / in charge/ Head of department etc. Also I'll consult a doctor and follow medical advice.
6. I understand that there is always a possibility of getting infected by the virus. My parents/ guardians are also fully aware of my wish to return to the campus to start work in the laboratories and other offices for my research related activities.
7. I also want to declare that my supervisor has not put any pressure on me to resume the research activities at SLIET, Longowal.
8. I also understand that SLIET, Longowal has a Primary Health Care Centre only and it will extend all available facilities in case of a medical emergency. However, in case of Covid-19 infection I may require isolation, treatment and/or hospitalization outside the campus, for which government laid down protocols.
9. I will use Aarogya Setu App on my mobile noand it will remain active at all times (through Bluetooth and Wi-Fi).

10. I understand that cooperative mess facility has been provided in the hostel and I shall bear all expensive of running mess on actual basis. I will abide by Institute policy in this regard in future.
11. I have cleared all the mess dues and copy of proof of payment with concerned mess contractor is attached herewith for your kind reference. (Receipt No. dated.....)

Signature of student:

Dated:..... Name of student:

Department:

Name of Supervisor/P.I.:

Mobile number:.....

Emergency contact number 1:..... Relation with contact person:.....

Emergency contact number 2:..... Relation with contact person:.....

Undertaking by Parent(s)

I have read and understood the guidelines and SOPs and I agree to send my ward to resume his/her research activities at SLIET, Longowal without any pressure from his/her supervisor or Institute authority. I further undertake that I shall follow all the instructions/guidelines issued by Institute authority in case, my ward is infected by Covid-19 and fully cooperate with Institute authority.

Dated: Signature of parent:

Name of parent:

Relation with student:

Undertaking by Supervisor/P.I.

I agree with the above request made by the research scholar. I affirm that I have not exerted any pressure in making the research scholar decide to return to the Institute. I shall coordinate the well-being of the research scholar with the help of available Institute facilities in case of any Covid-19 related emergency. Further, I will ensure that the candidate follow Institute/ Hostel rules & regulations.

Date: Signature of Supervisor/P.I:

Name of Supervisor/P.I:

Signature of the HOD with date.....