

**Sant Longowal Institute of Engineering & Technology, Longowal**

**Self-Declaration / Undertaking**

**[To be given by UG students reporting at SLIET, Longowal to attend practical classes in physical mode]**

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 start of off-line classes. 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 attending examination and classes in physical mode at the Institute in the current Covid-19 situation.

I am coming from (address where presently staying).....  
.....  
Distt.....State.....Pin.....  
on ...../...../2021.

After coming to the Institute, I will be staying at (address) .....  
.....

I declare/undertake that:

1. I'll follow all the guidelines and standard operating procedure (SOPs) of the hostel/institute.
2. **I'll bring Negative Test report of RT-PCR Covid-19 and certificate of fully vaccination (two doses) against Covid-19 as mentioned in the guidelines during my visit to SLIET, Longowal and my entry to SLIET, Longowal may be denied without negative report and certificate of both the doses against Covid-19.**
3. I am not having fever, cough and breathing problem from last 2 weeks.
4. 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.**
5. I am not having any disease like diabetes, hypertension or heart/ lung /kidney related disease, etc.
6. I'll self-monitor my health every day after I join the Institute. In case, I develop fever, cough, flu-like symptoms and/or breathing problem then I'll inform about it to my classcounselor/ Head of department etc. Also I'll consult a doctor and follow medical advice.
7. 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 join the campus physically to attend the classes.
8. I also want to declare that nobody has not put any pressure on me to join the campus physically at SLIET, Longowal.

9. 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.
10. I will use **Aarogya Setu App** and **Cova Punjab App** on my mobile no .....and it will remain active at all times (through Bluetooth and Wi-Fi).
11. I understand that hostel mess facility has been provided in the hostel and I shall bear all expenses of running mess. I will abide by Institute policy in this regard in future.

Dated:.....

Signature of student: .....

Name of student : .....

Regn. No. : .....

Department :-.....

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

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

**SANT LONGOWAL INSTITUTE OF ENGINEERING &  
TECHNOLOGY,**  
(DEEMED TO BE UNIVERSITY)  
Longowal-148106, Distt. Sangrur (Pb.)  
(SLIET Health Centre)

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**DECLARATION (for Institute Health Centre)**

**(To be filled by UG student reporting at SLIET, Longowal to attend practical classes in physical mode)**

I, ..... Regn. No. ....

S/D of .....resident of .....

do hereby voluntarily declare that I am not coming from any Containment Zone.

This is to certify that I came to SLIET Longowal dated .....(FN/ AN).

I hereby declare that I do not have any symptoms of COVID-19. Further, I declare that I havenot visited any place covered under containment area/Buffer Zone/Red Zone for COVID-19.

I have already installed **Aarogya Setu App** and **Cova Punjab App** on my MobileNo.....

It is showing status as..... and  
....., respectively.

**I have hard copy of Negative report of RT-PCR test with me (to be submitted to hostel caretaker).  
I have administrated the two doses of vaccine against Covid-19 (certificate to be submitted to hostel caretaker).**

I will strictly follow COVID-19 preventive measures as per guidelines issued by StateGovernment and Govt. of India for time to time. In case any symptoms of COVID-19 are felt, I will immediately report to the SLIET Health Centre.(Phone Numbers 01672-253519, 253666, 253512).

Signature.....

Name.....

Department.....

Registration No. ....

Date:

Hostel No. and Room No. ....

**FOR USE BY THE SLIET HEALTH CENTRE**

Temperature checked with Infrared Thermometer and found within the prescribed limits. At a glance no symptom of COVID-19 is observed. His /Her Aarogya Setu status and Cova Punjab App status, as per his/ her mobile, is..... and....., respectively. He /She has the **valid two doses vaccination certificate and negative RT-PCR.**

Forwarded to the concerned HOD/Section In-charge/Chief Warden for information and record please.

Staff Nurse

Medical Officer, SLIET