**Annexure – B**

**UNDERTAKING**

**(To be submitted by the Student NOT availing Hostel Facility at IIIT, Nagpur)**

Date: ……/……/2021

I, (Name of the Student), the undersigned, want to resume the physical classes of IIIT, Nagpur and am returning from (Address from where student is coming) to IIIT, Nagpur.

**I undertake and declare that:**

1. I wish to return to the IIITN campus and start attending classes / working in the laboratories and other offices for my education related activities.
2. The Institute has not put any pressure on me to attend the classes in physical mode.
3. I am **NOT** having fever, cough and breathing problem (from the last 2 weeks).
4. None of my family members where I live are suffering from fever, cough and breathing problems in the past 2 weeks.
5. I am not having any heart, lung or kidney related problem.
6. I will use face mask as well as any other prescribed protective gear and maintain social distancing in my class room/ Laboratories / academic area and in the campus.
7. I will regularly wash hands with soap and water for at least 40 seconds or clean with alcohol based sanitizer.
8. I will use Aarogya Setu App on my mobile and it will remain active at all times (through Bluetooth and Wi-Fi)
9. I will self-monitor my health. In case, I develop fever, cough and breathing problem then I will inform about it to my Faculty Advisor / HoD.
10. I understand that there is always a possibility of getting infested by the virus due to the number of COVID-19 cases in Nagpur and in the Country. I and my parents/ guardians are fully aware of the above fact and will not hold the Institute or any of its Faculty / Staff responsible in case I get infested with COVID-19 Virus in the Campus of the Institute.

Signature of Student : ...........................................................................

Name of Student : ...........................................................................

Student ID : ...........................................................................

Dept : ...........................................................................

Date of Reporting : ...........................................................................

Emergency Contact Number 1 : ...........................................................................

Emergency Contact Number 2 : ........................................................................