



Affidavit/Health Declaration

I, _____, son/daughter of _____, registration number _____, am the resident of _____, have decided to come for resumption of studies voluntarily to GIFT University, Gujranwala on my own. I understand that the University has provided an option to join the class with a face to face interaction or via online mode. Moreover, I have the option not to return and/or to return.

I solemnly affirm and declare that:

1. I am healthy and have no symptoms of COVID-19 including fever, cough, flu, chest congestion etc.
2. To the best of my knowledge, none of my family members residing with me are suffering from COVID-19 or showing any of the symptoms.
3. I will abide by all safety protocols and SOPs for the prevention of COVID-19 and any other directives issued by the GIFT University, Government of Pakistan and Higher Education Commission (HEC) in this regard.
4. I will wear face mask, wash/sanitize my hands frequently, avoid hand shaking and maintain social distance on-campus and in hostel.
5. In case of getting infected by COVID-19 in spite of safety protocols, I will not hold the University administration responsible for it.
6. If I show symptoms of sickness, I would immediately inform the University authorities and confine myself for quarantine.

Student Name _____ Signature _____

CNIC/B Form No. _____ Date _____

Mobile Number _____

Thumb Impression _____

Parent's/Guardian's Name _____ Signature _____

Parent's / Guardian's CNIC # _____ Date _____

Parent's / Guardian's Mobile No. _____

Thumb Impression _____