

UNIVERSITY OF ENGINEERING & TECHNOLOGY, LAHORE

DECLARATION FORM

Form will be filled by student and acknowledged by Father/Guardian

Personal Detail:

Student Name:

Registration No.

Hostel Detail:

Hostel Name:

Room No.

Declaration

- (a) I confirm that I:
- i. do not have symptoms associated with COVID-19 (persistent cough / flu / fever / shortness of breath).
 - ii. have not knowingly been in contact with any person having symptoms associated with COVID-19 (persistent cough / flu / fever / shortness of breath) for the past 14 days.
 - iii. have not travelled outside Pakistan during last 14 days.
- (b) I assure that I will follow COVID-19 imposed SOPs like social distancing, wearing face mask and using hand sanitizer, as per Government Policy, during stay at Campus and Hostel.

Note:

The students residing in the hostels will be responsible for their own wellbeing without any liability on the part of University as per HEC Policy.

Dated: _____

Student's Signature: _____

Father/Guardian's Name: _____

I am the guardian of _____, I confirm that above statements are true.

Dated: _____

Father's/Guardian's Signature: _____