

## Self-Declaration / Undertaking by PhD Scholars returning to NIPER, S A S Nagar

Date: ...../...../2020

Respected Sir / Madam,

I have gone through and understood the guidelines and protocols of the Institute, pertaining to resumption of research. I state that I am aware that it is entirely voluntary for me to return to the Institute and that I am doing so of my own free will, having understood the risks inherent in commuting to, and doing laboratory work at the Institute in the current COVID-19 Pandemic.

I (.....), am returning/ returned from, .....  
.....(Mobile number .....),  
on .../.../2020.

In my opinion, which has been affirmed by my research supervisor, it is completely essential for me to come to research lab/computation facility in NIPER, S A S Nagar Campus and the nature and/or stage of my research is such that it cannot be done from home and that any further delay would jeopardise my research work.

I declare that

- I shall submit COVID-19 negative test report within 48-72 hours after reporting to NIPER, SAS Nagar as per notified schedule and I shall bear the cost of the test.
- None of my family members where I was living (.....), is suffering from fever, cough and breathing problem past 2 weeks.
- I am not having any disease like diabetes, hypertension or heart/ lung /kidney related disease, etc.
- I will wear face mask as well as any other prescribed protective gear and maintain physical social distancing in my class room/ Laboratories/ academic area/ hostels and in NIPER, S A S Nagar campus.
- I will regularly wash my hands with soap and water for at least 40 seconds or clean them with alcohol based sanitizer.
- I will use Aarogya Setu and Cova Apps on my mobile and they will remain active at all times (through Bluetooth and Wi-Fi)
- I will self-monitor my health every day after I return to the Institute. In case, I develop fever, cough, flu-like symptoms and/or breathing problem then I will inform about it to my supervisor / in charge/ Head of department etc. Also I will consult a doctor and follow medical advice.
- 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 working in the laboratories and other offices for my research related activities.
- I also want to declare that my supervisor has not put any pressure on me to resume the research activities at NIPER, S A S Nagar.

- I also understand that NIPER, S A S Nagar has a dispensary with doctor available for limited time on selected days only. However in case of COVID-19 infection I may require isolation, treatment and/or hospitalization outside the campus, for which I will follow government laid down protocols.
  
- Registration Number and Signature of the student:

Emergency contact 1:

Emergency Contact 2 :

- Signature of Parents :

I agree with the above request made by the research scholar that the nature and/or stage of the research being conducted by him/her is such that it cannot be subjected to any further delay, nor can it be done from home. I affirm that I have not exerted any pressure in making the research scholar decide to return to the Institute. I shall coordinate the wellbeing of the research scholar with the help of available Institute facilities in case of any COVID-19 related emergency.

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Name(s) and signature of the Research Supervisor(s) / P.I (s)

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Signature of the Head of the Department  
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