



राष्ट्रीय प्रौद्योगिकी संस्थान- आंध्र प्रदेश  
**NATIONAL INSTITUTE OF TECHNOLOGY ANDHRA PRADESH**  
TADEPALLIGUDEM- 534102, WEST GODAVARI DIST., ANDHRA PRADESH, INDIA.  
**HOSTEL OFFICE**

**Date:**

**Undertaking by the Student**

I, Mr/Miss/Mrs/Ms ....., having Roll No....., enrolled on ..... (month), ..... (year) in the (Department/School) ..... for M.Tech. course and hereby declare the following:

- That I will inform the details of my travel itinerary in advance and observe all protocol for safe journey recommended by NIT Andhra Pradesh
- That I will undertake the journey from Vijawada/Rajamundry Airport, and / or Tadepalligudem Railway Station or, Tadepalligudem township by following all the protocols.
- That on reaching the campus, I will report to Medical dispensary, NIT Andhra Pradesh and on their recommendation I will move to the allotted quarantine facility in the campus;
- That based on the health condition I will undergo necessary quarantine for 7-14 days or more in the designated facility;
- That during the quarantine, I will not engage in any socialization in any form and maintain complete isolation;
- That if infected with COVID - 19, I will abide and follow all the medical procedures as may be prescribed by Medical dispensary, NIT Andhra Pradesh.
- That I am mindful of the fact that the Medical dispensary, NIT Andhra Pradesh provides only primary health care, and there is no advanced medical treatment facility within the campus;
- That in case of emergency, the non – availability / inadequacy of medical facilities may lead to serious consequences for which Institute and / or its authorities will not be responsible in any form;
- That in case of violation of any of the above, I will be liable for disciplinary action of the Institute.

I hereby sign this undertaking being fully aware of the consequences of my action in a conscious state of mind and body.

Date:

Signature of the Student

Place:

I, Mr/Mrs/Dr/Prof ....., as a legal guardian/parent endorse the undertaking of my ward/son/daughter in conscious mind after understanding the health risks and consequences.

Date:

Signature of Legal Guardian/Parent

Place: