

RAWALPINDI WOMEN UNIVERISTY

AFFIDAVIT AND HEALTH DECLARATION

I _____ d/o _____ student of Program/Class
_____; Semester/Part _____; Roll No. _____;

Fall 2020, hereby declare that I opted to come to university after COVID-19 pandemic.

2. It is certified that I will adhere to the prescribed SOPs/safety protocols and guidelines of Covid-19 issued from time to time to protect the health of myself and others.
3. I have not experienced any COVID-19 symptoms in last 15 days and find myself in good health.
4. Furthermore, it is declared that despite all precautions, if I catch any disease, I shall not hold Rawalpindi Women University responsible for this, in any matter what so ever.

Student Signature

Parent / Guardian

Name: _____

CNIC: _____

Contact No.: _____

Signature: _____

Witness 1:

Name: _____

CNIC: _____

Signature: _____

Witness 2:

Name: _____

CNIC: _____

Signature: _____