

**Undertaking by the Student**

I, Vishal Singh Roll No 20105164, am returning to the campus from  
Lucknow, Uttar Pradesh. (City and State).

I declare the following.

- My parents/guardians/family and I are aware that the COVID-19 pandemic continues in the country and that waves of surging cases could affect Kanpur and the country in the near future
- I am returning to the Institute voluntarily to resume my research activity.
- I am not being forced or coerced by anyone to return to the Institute and I will not hold the Institute or any member of the Institute responsible if I face any problems/mishaps arising as a consequence of the pandemic.
- I understand that there is a possibility of my catching the coronavirus infection, both during my travel and also during my stay in the campus. My parents/ guardians/family and I are fully aware of the above fact and it is with this knowledge that I agree to return to the campus to reside in the hostel and start working in my department/laboratory to pursue my research related activities.
- I am aware that persons with co-morbidities like asthma/hypertension/any respiratory illness/ diabetes/dyslipidemia/obesity/psychiatric conditions/heart diseases/thyroid disease or any condition of decreased immunity are particularly at a serious risk of severe illness due to COVID-19 infection.
- If I have co-morbidities, I will inform the Health Centre upon arrival.
- I will adhere to the COVID-19 compliance behavior and protocols in the campus. I am aware that non-compliance would attract disciplinary action which might lead to revocation of the stay in the campus.
- I will wear a face mask (as advised medically) and any other prescribed protective gear at all times in public (outside my hostel room in IITK). I will also maintain social distancing in public and will not participate in gatherings of any kind.
- I will cooperate with all Institute personnel (e.g. the Health Centre personnel, the security personnel, the Hall office personnel, the Departmental Committees), in the discharge of their duties. I am aware that lack of cooperation could attract disciplinary action.
- I will install Arogya Setu App on my phone and keep it active.
- I will monitor my health myself during the prescribed quarantine period of my stay on campus. In the event that I develop a fever, cough/COVID-19 like symptoms during my stay, then I will intimate the same to both my supervisor and the Health Center immediately. I agree to follow the

recommendations of the Health Center.

- I understand that Health Center in IIT Kanpur is a primary healthcare centre with limited facilities and in the event that I am tested to be COVID-19 positive (asymptomatic or symptomatic), I will have to use the COVID care medical facility available on campus or in the city and get admitted to a COVID care facility on campus or a dedicated hospital in the city for such period as may be advised by the Health Centre. It may be followed by stay in isolation facility in one of the halls or at my home. I will provide my complete cooperation to the Institute and the Health Center in this regard. I am aware that the medical expenses towards COVID care will be covered by the student's health insurance policy.
- I understand that for any non-COVID-19 medical issue, on referral to the city Hospital, I will have to remain initially for a few days in the waiting area of the hospital till my RTPCR report shows negative results (as per COVID-19 protocol).
- I will not go out of campus for any reason except for any emergency or medical requirements as permitted.
- In case due to some medical emergency and/or family reasons, if I need to go out, I shall follow all the guidelines as prescribed by the authorities from time to time.
- If asked by the Institute to leave the campus within a specified time period on account of rising COVID-19 cases, I will do so willingly and I will cooperate with the Institute authorities in this regard.
- I am ready to stay in the same hostel room in which I was staying before the pandemic and in case institute decides to move me to another hostel, I will move.
- I understand that my request to change my hostel/room allotted to me may not be entertained.
- I will fully comply with any other measures/ guidelines prescribed by the Institute from time to time in this regard.

I willingly agree to the above declaration.

  
Signature of Student:

Date: 18/08/2021

Undertaking by Parent/Guardian

I, Vaishali Singh.....parent/guardian of Mr./Ms. Vishal Singh....., am aware of the prevailing situation in the country and am aware that my ward is not being forced or coerced by anyone (including myself) to return to the Institute, and that he/she is returning to the Institute voluntarily to resume his/her research work. I will not hold the Institute or any member of the Institute responsible, if my ward faces any problems/mishaps as a consequence of the pandemic.

Name of Parent/Guardian Vaishali Singh Signature Vaishali Singh

Relation: Sister.....

Date: 18-8-21