



MEDICAL UNDERTAKING

I, DEEPANSHI CHAUHAN Age: 18, Son/ Daughter of sushil kumar chauhan, do hereby declare that:

1] I don't suffer from any disease, condition or health problem as on today, which needs medication on a regular basis.

OR

2] I, DEEPANSHI CHAUHAN do hereby declare that I suffer from

a) _____

b) _____

c) _____

and need to take following medicines

a) _____

b) _____

c) _____

on a regular basis, which are prescribed by Dr. _____;

3] I have enclosed herewith the attested photocopy of last / recent prescription.

4] I further declare that, I have not concealed any material information pertaining to my medical condition and medication thereof. In case of any deterioration in my health arising out of non-disclosure of my medical condition, I declare that I will be liable for the same and SIU shall have no liability in this regard.

5] I further declare that, I have not been allergic to any substance, medicine or climatic condition as on today.

OR

I have been allergic to

a) _____

b) _____

c) _____

6] I further declare that, I will inform to the campus Medical Officer of Symbiosis Centre of Health Care (SCHC), about all my medical conditions and any change in my medical condition and / or my health problems those would arise, after I join Symbiosis.

7] I hereby willingly offer my consent to Symbiosis to utilize my health data for analysis / research purpose.

8] As per details submitted by me to SIU / Institute, I hereby confirm that, my blood group is O +ve
I understand that the confidentiality will be duly maintained.

Name of the Candidate: DEEPANSHI CHAUHAN

Signature: _____

Date: 01-Sep-2020

Place: