


To,
The Associate Dean-RCI- AMPs,
Indian School of Business
Hyderabad / Mohali

Dear Sir,

I, Deep Kamal Singh PGID 012020053 Class of AMPBA 2021 W

hereby thank the management of ISB for facilitating the term 2 of Advanced Management Programme in Business Analytics, (subject to rules and regulations of the social distancing guidelines issued by both State and Central Government of India), off-campus in Hyderabad/Telangana region. I hereby state that:

1. I, on my own voluntary accord have decided to travel and attend the off-campus residency.
2. I am aware of the contagious nature of the Coronavirus/Covid-19 and also the rules, regulations and guidance that the Ministry of Home Affairs (MHA) of the Government of India, State Governments and other public health authorities have issued / recommended for as a precautionary measure to tackle the spread of the contagion by practicing social distancing, wearing masks, frequently washing of hands and such other measures.
3. I am aware that ISB has put in place various preventive measures like getting an RT-PCR test done before arrival, regulations around following safety protocols, access to doctors for consultation etc. to help prevent transmission intensity and I am satisfied with all the measures taken by ISB for the well-being and safety of students.
4. I acknowledge, that while sufficient safety measures have been implemented at the venue of the programme, ISB cannot guarantee that I will not be infected with Coronavirus-Covid-19 during my stay and I am aware of the risk of being exposed to and /or infected by Coronavirus/Covid-19 due to its contagious nature.
5. I hereby declare that I am not suffering from any serious co-morbidities, immunity deficiencies, allergies or such other health conditions which may be adversely affected in case of testing positive for Covid 19 thereby putting my life in danger.

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6. I acknowledge that during my stay at the venue during the residency, ISB may not be able to provide me special care with respect to my diet or any other conditions I am going through.

7. I have not stayed in any containment zone or visited a containment zone or have not been exposed to any person who has tested positive for Covid 19 or travelled to any international immediately prior to checking into venue for the programme. **OR**

I have recently interacted or lived with someone who has tested positive for Covid-19 but I have tested negative prior checking into the venue for the programme and copy of the medical certificate is attached.

8. I am not experiencing any symptoms of illness such as cough, shortness of breath or difficult breathing, fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell immediately before checking into the venue for the programme.

9. I have /have not been diagnosed with Coronavirus/Covid-19 **OR**

I had tested positive for Coronavirus/Covid-19 and have been cured of the same. I am attaching the medical certificate confirming that I have been cured of the same.

10. I have read and understood all the rules and regulations applicable to the participants that ISB has framed for the safety and wellbeing of all the participants of AMPBA class of 2021.

11. I hereby undertake to abide by the rules and regulations, policies and procedures framed by ISB in letter and spirit to ensure safety and wellbeing of myself, my co-participants, faculty and their families (if any) and all persons living at the venue.

12. I am aware that the primary responsibility for my safety against Covid 19 lies with me and I hereby release ISB of any liabilities that may arise on account of my being affected by Coronavirus/Covid-19 during my stay at the venue during the residency and I also undertake to indemnify ISB for any liabilities ISB may suffer on account of my not following or adhering to the safety precautions as per the rules, regulations, policies, procedures or guidelines that may be issued from time to time.



13. I confirm that the above declaration, rules, regulations and school protocols for prevention for the spread of Covid-19 is applicable to my family members or dependents staying at the venue with me.

14. I am aware that I am liable to disciplinary action in case of violation of any rules, regulations and participant protocols enacted to prevent the spread of Covid-19 that forbid large gathering. I am also aware that the decision of the disciplinary committee is final and binding on me.

Signature of the Participant:



PGID of the Participant: 012020053

Place: Delhi

Blood group of the participant: AB+ve

Emergency contact details:

1. Name: Jaya Singh

Relationship with the participant: Spouse

Mobile number: 9717733585

2. Name: Shr K B Singh

Relationship with the participant: Son

Mobile number: 9718612358

