



PUNJAB ENGINEERING COLLEGE
(Deemed to be University)
CHANDIGARH
OFFICE OF DEAN STUDENT AFFAIRS



To,
The Dean Student Affairs
Punjab Engineering College,
Sector 12, Chandigarh

Subject: Undertaking/Consent Form for Residing in the PEC Hostel (During Covid-19 Pandemic)

1. I.....(name) S/o Mr. (Father's Name), confirm my willingness to return to PEC Campus for the **Practicals and Examinations** with reference to Notice issued by Dean Academic Affairs vide no. PEC/DAA/14492 dated 06.10.2020.
2. I confirm to pay all the Hostels Fees/Mess Charges as per Institute norms. Institute reserves the right to allocate any of the room in any of the hostel.
3. I confirm that currently I am not residing in any containment zone and have not come in contact with any COVID-19 patient.
4. I agree that the allotment of hostel shall be on temporarily basis.
5. I confirm to vacate the hostel immediately after the completion of Practical and Examinations as per the schedule given in Notice no. PEC/DAA/14492 dated 06.10.2020.
6. I confirm that I will install the **Aarogya Setu App** and keep Bluetooth and location ON, all the time.
7. I confirm my readiness to comply with all Rules & Instructions as mentioned in the above said notification in addition to the SOPs issued by Chandigarh Administration/Government of India/ Institute from time to time.
8. I confirm that I shall undergo a mandatory self-home-quarantine on my arrival at PEC campus as per SOPs issued by Chandigarh Administration/Government of India/ Institute, if required.
9. I have read all the Do's and Don'ts to reduce the risk of COVID-19 virus infection.
10. I fully understand that while Residing in the PEC Hostel/Campus, I may be inadvertently exposed to any infection, including COVID-19 virus, and having fully understood the risk to my person, I voluntarily confirm to travel to Chandigarh and to reside at PEC Hostel/ Campus.
11. I undertake and agree that neither I nor my family will hold responsible any official of PEC/Hostel administration or staff of the Institute/Hostel or any of my fellow students for any consequences due to any accidental exposure.

(Signature with date)

Student Name:

Aadhar Number:

College SID:

Mobile Number:

Email:

CONSENT OF PARENT(S)

I.....F/o / M/o Mr./Ms. (Student Name),
do hereby declare that as under:

1. I have read and agree all the terms and conditions of the above undertaking filled by my ward.
2. I undertake and agree that neither I nor my family will hold responsible any official of PEC/Hostel administration or staff of the Institute/Hostel or any of my ward's fellow students for any consequences due to any accidental exposure to my ward while traveling to Chandigarh and/or entire duration of stay at Institute/Hostel.
3. If my ward is found not to adhere the rules/instructions/SoPs issued by Chandigarh Administration/Government of India/ Institute from time to time, the allotment of the hostel may be cancelled, and I will be responsible to bring my ward back to home.

(Signature with date)

Parent Name & Relation:

Complete Address:

Mobile Number:

Email:



WHAT IF A STUDENT IS INFECTED WITH COVID-19/OR SHOWING SYMPTOMS

- If a student is infected with COVID-19, he/she should call **National Helpline 1075** and **Chandigarh Helpline 9779558282**. Email may also be sent to ncov2019@gov.in. immediately for medical help and support.
- A student should self-isolate himself/herself and should inform about his/her medical conditions to the Institute/Hostel authorities via the phone.
- The student should also inform the other students residing nearby about his medical conditions, so that they can also be isolated/treated.
- The student should be answerable to all the queries and questions being asked by the officials/ Authorities of Government of India/ Government of Chandigarh/ Institute/Hostel for tracing all the contact persons so as to prevent the further spread.

(Signature with date)

(Signature with date)

Student Name:

Parent Name & Relation:

REDUCE THE RISK OF CORONA VIRUS INFECTION FOLLOW THE SIMPLE DO'S AND DONT'S

Corona/COVID-19) virus symptoms are similar to a flu-like illness and include cough, fever, or shortness of breath.

Do's

1. To practice **SOCIAL DISTANCING**.
2. To practice frequent hand washing. Wash hands with soap and water or use alcohol-based hand rub. Wash hands even if they are visibly clean.
3. To maintain personal hygiene and physical distancing.
4. To maintain a safe distance from persons during interaction, especially with those having flu-like symptoms.
5. To sneeze in the inner side of your elbow and not to cough into the palms of your hands.
6. To see a doctor if you feel unwell (fever, difficulty in breathing and coughing). While visiting doctor, wear a mask/cloth to cover your mouth and nose.
7. To throw used tissues into closed bins immediately after use.
8. For any fever/flu-like signs/symptoms, please call **National Helpline 1075 and Chandigarh Helpline 9779558282**. Email may also be sent to ncov2019@gov.in.

Don'ts

1. Shake hands.
2. Have a close contact with anyone, if you're experiencing cough and fever.
3. Touch your eyes, nose and mouth.
4. Sneeze or cough into palms of your hands.
5. Spit in public.
6. Travel unnecessarily, particularly to any affected region.
7. Participate in large gathering, including sitting in groups at canteens.
8. Visit gyms, clubs and crowded places etc.
9. Spread rumours or panic.

(Signature with date)

(Signature with date)

Student Name:

Parent Name & Relation: