GAYATRI VIDYA PARISHAD COLLEGE OF ENGINEERING (Autonomous)
(Approved by AICTE, Affiliated to JNTU – Kakinada)
Re-accredited by NAAC with 'A' Grade with a CGPA of 3.47/4.00
Madhurawada, Visakhapatnam - 530048

DECLARATION REGARDING HEALTH STATUS

I, _____ (Roll No.: _____)
pursuing _____semester B.Tech./M.Tech./MCA in Gayatri Vidya Parishad College of Engineering (Autonomous) declare that I have not been tested positive for COVID-19 during the past 15 days.

Further to state that I do not have any symptoms of COVID-19 like cold, cough and others as on date.

I have been taking all the preventive measures communicated by Ministry of Health & Family Welfare, Govt. of India and Govt. of Andhra Pradesh to prevent the spread of the Pandemic.

I therefore request you to permit me to take the examination(s) scheduled from _____ to _____.

Date   :   **SIGNATURE**

Name   :

Roll No.   :

Branch   :

Mobile No. :