**V.R SIDDHARTHA ENGINEERING COLLEGE::( (AUTONOMOUS)**

**VIJAYAWADA-7**

**CORONA VIRUS SELF DECLARATION FORM FOR STUDENTS STAYING IN HOSTELS**

( Students should submit declaration form as per UGC-SOP Guidelines)

Name of the student :

Department :

Register number :

Address with Mobile Number :

1. Do you have any of the following flu-like symptoms (Please put√ )

|  |  |  |
| --- | --- | --- |
| **Type of symptoms** | **Yes** | **No** |
| Fever ( 38degreesor Celsius or higher) |  |  |
| Cough |  |  |
| Breathlessness |  |  |
| Sore throat |  |  |
| Others( Please specify) |  |  |

2. Please List the cities/Towns/Villages visited /travelled in the last 14 Days

|  |  |
| --- | --- |
| Name of the Place |  |
| Date(s) of arrival |  |
| Date(s) of visiting |  |

3. Have you or any immediate family member come in close contact with a confirmed case of the corona virus in the last 14 days ? ( Close contact means being at a distance of less than one meter for more than 15 minutes.)

|  |  |  |
| --- | --- | --- |
| I have been in close contact with a confirmed case of carona virus in the last 14 days (Please put √ ) | **Yes** | **No** |

I have no symptoms of Corona and if such symptoms are found during testing then it is completely my responsibility. I acknowledge that the information given by me is accurate and complete.

Student Signature----------------------

Parents has to sign an undertaking for their ward before they reside in the hostel campus that they were free from corona virus infection and that they are responsible if anything happens to them.

I acknowledge that the information furnished by my ward is accurate and complete.

Parent Signature ----------------------

Date…………………

This document will be retained confidentially after submission. The health and wellbeing of student is topmost priority of our institute. Down loading of “Arogyasetu” app is must for students .