

## **AFFIDAVIT**

1. It is certified that I am fully aware of risk of COVID-19 infection while attending regular classes in a medical college despite strict adherence to SOPs for COVID-19 prevention.
2. I am taking this decision to return to college by my own will and with an informed consent after evaluating the risk vs education benefits analysis.
3. It is also certified that I am in good health and not suffering from COVID-19.
4. As a day scholar, if any of my family member at my house is having signs & symptoms of COVID19: -
  - a. I will immediately inform college authorities/ COVID-19 surveillance management committee.
  - b. Take requisite measure including separate room for the patient.
  - c. Will not contact with the patient till he/she has completely recovered.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Name & Sign of Student

\_\_\_\_\_  
Name & Sign of Parent/ Guardian