

MAULANA AZAD NATIONAL URDU UNIVERSITY, HYDERABAD

Rules and Regulations for Re-Opening of University/Hostel Facilities in view of UGC Guidelines regarding Post Lockdown due to Covid-19 Pandemic (November 2020)

(Undertaking to be signed by the non-boarder Ph.D Research Scholar)

I S/o, D/o
enrolled inDepartment/School..... do hereby
agree/adhere to the following guidelines/ Standard Operating Procedures (SOP) for safety
and health protocol prepared by UGC and as enforced by the University.

1. I will abide and follow all public health measures and other safety protocols to reduce the risk of COVID-19 at all times.
2. I will take prior appointment from my supervisor to visit the Campus/Department.
3. I will stay campus/Department for a period of four hours only.
4. I am not having high fever, dry cough, headache, sign of breathlessness, loss of taste and smell problem (from last 2 weeks).
5. I am not having any heart, lungs, kidney related problem.
6. I will maintain physical distancing of at least 6 feet at all the places in the campus. During travel period, I strictly follow the guidelines of GOI/State Governments. I understand that there is always a possibility of getting infected by the virus due to the number of cases in different parts of the country. I and my parents/ guardians are fully aware of the above fact and I will be responsible, if infected.
7. I will use face covers/masks and other protective measures Wearing face cover/ mask at all times while visiting to respective Departments/ administrative offices, research laboratories, libraries and any other all places inside the campus.
8. I will frequently hand wash with soap (for at least 40-60 seconds) even when hands are not visibly dirty. And I will use of alcohol-based hand sanitizers (for at least 20 seconds) can be done wherever feasible.
9. I will obey all respiratory etiquettes that involve strict practice of covering one's mouth and nose while coughing/sneezing with a tissue/handkerchief/flexed elbow and dispose used tissues properly.
10. In case of any sign of high fever, dry cough, headache, sign of breathlessness, loss of taste and smell problem I will immediately report to University Health Centre for Health Checkup/ clinically assessed. After, getting Health Fitness Report, I shall be allowed to visit my Department. In case, if any syndrome of Symptomatic, I shall not visit the Campus/ Department and contact the nearest hospital for clinical assessment.

I am visiting the University Campus/Department knowing the risk factors. I will oblige the guidelines and other protocols of the University 19 related COVID-19 pandemic and adhere to the above undertakings.

Signature of the Student:

Name of the Student: