

Self-Declaration / Undertaking by Day Scholars- Students (Entering into IIT Madras for Academics/Research /Laboratories)

Declaration from during the time of return

I (.....), am Returning from,

.....
.....
.....

(Mobile Number). pm/...../2021. After return to Chennai, I am
living at following address:

.....
.....
.....

I declare that

- I am not having fever, cough and breathing problem (from last 2 weeks).
- None of my family members where I was living (.....), is suffering from fever, cough and breathing problem past 2 weeks.
- **I am not in the primary or secondary contact list of any COVID-19 positive cases for the last 14 days**
- I am not having any heart, lung or kidney related problems.
- I will use **face mask** as well as any other prescribed protective gear and maintain **social distancing** in my class room/ Laboratories/ academic area and in IIT Madras campus.
- I will regularly **wash hands** with soap and water for at least 40 seconds or clean with alcohol based sanitizer.
- I will use **Aarogya Setu App** on my mobile and it will **remain active** at all times (through Bluetooth and Wi-Fi)
- In case, I develop fever, cough and breathing problem then I will inform about it to my supervisor /Lab in charge/ Head of Department, unit, etc. Also, in such a case I will consult a doctor and follow medical advice.
- **I understand that there is always a possibility of getting infected by the virus due to the number of cases in Chennai, Tamil Nadu and in the country. I and my parents/ guardians are fully aware of the above fact and I wish to return to the campus to start working in the laboratories and other offices for my research related activities. I also want to declare that my supervisor has not put any pressure on me to rejoin the research activities at IIT Madras.**

- **I also understand that IIT Madras has only a Primary Health Centre and it will extend all available facilities in case of a medical emergency. However, in case of CoViD-19 infection I may require hospitalization outside the campus for which Government laid protocols and costs apply.**

- Signature of student :

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- Name of student :

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- Student entry ID number :

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- Department/ Centre :

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- Date of Joining :

Contact Mobile number:

- Emergency contact number 1:

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- Emergency contact number 2:

- I shall coordinate the well-being of the research scholar with the help of available Institute facilities in case of any COVID related emergency. In case of out of campus hospitalization of the research scholar/post doc working with me, if necessary, I shall coordinate with the institute in all possible ways for the well-being of the students including hospitalization.

.....
Name and signature of the Faculty Advisor / Research Supervisor

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Signature of the Head of the Academic Unit

DAILY DECLARATION FORM

I declare that

- I am not having fever, cough and breathing problem (from last 2 weeks).
- None of my family members/co-habitants where I am living, (.....), is suffering from fever, cough and breathing problem past 2 weeks.
- **I am not in the primary contact list of any COVID-19 positive cases for the last 14 days**
- I am not having any heart, lung or kidney related problems.
- I will use **face mask** as well as any other prescribed protective gear and maintain **social distancing** in my class room/ Laboratories/ academic area and in IIT Madras campus.
- I will regularly **wash hands** with soap and water for at least 40 seconds or clean with alcohol based sanitizer.
- I am using **Aarogya Setu App** on my mobile and it will **remain active** at all times (through Bluetooth and Wi-Fi)
- In case, I develop fever, cough and or breathing problem or any other COVID-19 related symptoms, then I will inform about it to my supervisor /Lab in charge/ Head of Department, unit, etc. Also, in such a case I will consult a doctor and follow medical advice. I will not visit the institute until I obtain a medical fitness certificate from a medical officer.
- I will strictly follow the **Guidelines & safety practices for working in the Labs during the Pandemic** by IIT Madras

Signature of student :

Name of student :

Student Registration number :

Department:

Date:

Contact Mobile number: