



UNDERTAKING BY PARTICIPANT

I _____ (Student Name), with Student id _____ do here by solemnly undertake that

I do not come from a containment zone.

No family member is affected by COVID 19 recently.

I have not suffered from Covid-19 recently, nor I have any sign and symptoms at present to the best of my knowledge.

My temperature reading is : _____

I am wearing a mask : Yes

I hereby agree to strictly follow all guidelines with regards to Covid-19(including but not limited to , wearing of mask, social distancing, sanitization of hand, wearing of protective clothing as necessary and restriction of movements) during my stay in campus.

I assure that I will not conceal any medical problems and will report immediately to Institute authorities and will follow the instructions given by them.

I fully understand and agree that expenditure whatsoever may be (Including inpatient/outpatient treatment/ambulance/test/medical equipment/medicines) will be borne by me.

I understand that the Institute authorities will not be held responsible for any health issues during my training at HIMT

I assure that I will cooperate with Institute authorities and follow their instruction.

I agree to follow any change/addition to Covid-19 guidelines laid down by government from time to time, conveyed to me by the competent authority.

I hereby indemnify the management /faculty/staff of HIMT from any claim what so ever arising out of injury/illness (Including any complication of the same at a later stage including death) during the course of my training.

I understand and accept that I shall be allowed to take part in training duly abiding the safety/preventive measures laid down by the competent authority.