

Date:

Declaration

**To
The Registrar,
Vidyasagar University,
Midnapore.**

Dear Sir,

I do hereby declare that, I shall keep my son / daughter / relative,
..... (name) / I will keep myself under strict confinement
within my residence for the ensuing 2(two) weeks, on my / his /her return from
.....
.....
..... (full address
including ward No. and zone). I / He/she will also be provided a separate room during
these two weeks and I will / he/she shall not venture out of my /his/her room and my
residence. I also declare to shoulder the full responsibility of my son/daughter/relative /
myself during my/ his/her stay as per COVID 19 protocol.

Signature

Designation:

Address:

Cell No.