

## Undertaking by the Student

I, \_\_\_\_\_ with ID No. \_\_\_\_\_ s/o/ d/o Mr./Mrs. \_\_\_\_\_ will return to the NLSIU campus for the Academic term (November 2020 to January 2021) starting on 2<sup>nd</sup> November 2020(subject to confirmation by the governing bodies).

1. I undertake to produce a negative Covid 19 Test Report on arrival at the University. The test should be done no more than 3 days before arrival at the University.
2. I undertake to follow all physical distancing norms, wear a mask in common spaces and follow other medical precautions as required by the University.
3. I hereby consent to be tested, to follow all medical and quarantine protocols as required by [Government Medical Authorities](#) or by the University.

**Date:**

**Place:**

**Signature:**

**Name:**