

ANDHRA LOYOLA COLLEGE (AUTONOMOUS)::VIJAYAWADA – 520 008

FORM OF DECLARATION AND UNDERTAKING BY TEACHING/NON-TEACHING STAFF MEMBERS REGARDING ADHERENCE TO COVID-19 REGULATIONS DURING THE CONDUCT OF VI SEMESTER END EXAMS – SEPT. 2020

1. Name _____ 2. Age 3. N F
Sex
4. Temperature _____ F 5. Oximeter Reading: _____
6. Arogya Sethu App Result as on _____ Safe
7. Did you undergo COVID-19 Test: Yes / No. If Yes, Positiv Negative
8. Has anyone in your family been affected by COVID-19 in the last 15 Days? Yes / No
9. I wear Face Mask regularly and maintain social distance Yes / No
10. Please indicate if you have any of the following symptoms:
1. Dry Cough Yes / No
2. Severe Cold Yes / No
3. High Temperature Yes / No
4. Diarrhea Yes / No

1. I hereby declare that I have no symptoms of COVID-19 and am fit to discharge my duties as Invigilator for the VI Semester End Examinations – September 2020.
2. I hereby undertake to keep social distancing in the Exam Hall and to bring to the notice of authorities concerned in the event of my noticing anyone having probable symptoms of Covid-19.
3. I also undertake not to sneeze or spit in public while I am on the College Campus.
4. I have my own small Sanitizer bottle with me while I am on Invigilation Duty.

Signature: _____

Date: _____

Time: _____



ANDHRA LOYOLA COLLEGE (AUTONOMOUS)::VIJAYAWADA – 520 008

**FORM OF DECLARATION AND UNDERTAKING BY THE HOSTELLERS REGARDING
ADHERENCE TO COVID-19 REGULATIONS WHILE TAKING THE VI SEMESTER END
EXAMS – SEPTEMBER 2020**

1. Name _____ 2. Regd.No.
3. Age _____ 4. Sex M F
5. Temperature _____ F 6. Oximeter Reading: _____
7. Arogya Sethu App Result as on _____ Safe
8. Did you undergo COVID-19 Test: Yes / No. If Yes, indicate the result Positive Negative
9. Has anyone in your family been affected by COVID-19 in the last 15 Days? Yes / No
10. I wear Face Mask regularly and maintain social distance Yes / No
11. Please indicate if you have any of the following symptoms:
1. Dry Cough Yes / No
2. Severe Cold Yes / No
3. High Temperature Yes / No
4. Diarrhea Yes / No

1. I hereby declare that I have no symptoms of COVID-19 and am fit to take my VI Semester End Exams – September 2020. Further, I hereby declare that I have my Parents' permission to appear for the VI Semester End Examinations – Sept. 2020 and to stay in the Hostel for this purpose.
2. I hereby undertake to keep social distancing during my stay on the campus and to bring to the notice of authorities concerned in the event of my noticing anyone having probable symptoms of Covid-19.
2. I also undertake not to sneeze or spit in public while I am on the College Campus.
3. I have my own small Sanitizer bottle with me while I am taking my VI Semester End Exams – September 2020.



Signature: _____

Date: _____

Time: _____

