



Mohi-ud-Din Institute of Rehabilitation Sciences

Constituent Institute of
Mohi-ud-Din Islamic University, Nerian Sharif AJ&K



UNDERTAKING BY STUDENT

Particulars:

Name: _____ Fathers Name: _____

CNIC No: _____ Class with year (DPT) _____

Present Home Address: _____

Permanent Home Address: _____

Date of Reporting to college: _____ Mobile No: _____

Residence Landline No: _____ City/Place from where coming: _____

Domicile/Home Province: _____ Country Abroad (Where living presently): _____

Health/ Other Information and Declaration:

- Family history of Corona (Any member of family/ Blood relations diagnosed as a positive case of Corona):

- Personal history of Corona (Whether you suffered from symptoms of Corona virus or detected as a positive case during past 6 months): _____
- Presently suffering from COVID-19 infection (Yes/NO)
- Whether you are suffering from Cough, flu, fever, breathing difficulty(Yes/No if yes state the symptoms)

- History of any major illness (i.e. any respiratory system disease/ disorder (Yes/No) if yes, please mention it:

- Any other important information about your personal health: _____

Declaration: I hereby certify/ declare that I am not suffering from COVID-19 infection or its symptoms. During my weekend leave, I did not have contact whatsoever with any positive case of COVID-19 or its suspected case either within my family or other than the family (Outside family). The above information given by me is correct. I have neither concealed nor gave false information in the above asked questions. In case of proving of false information at any stage, I am liable to face strict disciplinary action by MIRS/MIU.

Date: _____

Signature of Student
(Name in Capital)