

## ANNEXURE-H

### MAULANA AZAD NATIONAL URDU UNIVERSITY, HYDERABAD

#### Rules and Regulations regarding THIRD PHASE of Re-opening of University from 8<sup>th</sup> November, 2021)

Undertaking to be signed by All UG students (2nd and 3rd Year), B.Ed. (2nd Year), B.Tech.  
(3rd and 4th Year) and Diploma (D.El.Ed & Polytechnic) Final Year students

(Non-Boarder and Parent/Guardian)

(Submitted to the Head of the concerned Department)

I ..... S/o, D/o .....  
enrolled in .....Department/School..... do  
hereby agree/adhere to the following **Rules and Regulations** for safety and health protocol  
of the University.

1. I hereby declare that before joining the University, **I have administered the 1<sup>st</sup> dose of COVID-19 Vaccine.** I will submit the copy of the vaccinated Certificate at the time of joining the University/Campus/Department.
2. I will abide and follow all public health measures and other safety measures/protocols to reduce the risk of COVID-19 at all times.
3. I am not having high fever, dry cough, headache, sign of breathlessness, loss of taste and smell problem since last 2 weeks.
4. I am not having any severe heart, lungs, kidney etc. related problem.
5. I will maintain physical distancing of at least 6 feet at all the places in the campus.
6. During travel period, I strictly follow the guidelines of GOI/State Government/University.
7. I will use face covers/masks and other protective measures at all times while visiting to respective Departments/ administrative offices, research laboratories, libraries and any other places inside the campus.
8. I will use hand sanitizers frequently and also wash the hands with soap at regular intervals even when hands are not visibly dirty.
9. I will obey all respiratory etiquette that involve strict practice of covering one's mouth and nose while coughing/sneezing with a tissue/handkerchief/flexed elbow and dispose used tissues properly.

10. In case of any sign of high fever, dry cough, headache, sign of breathlessness, loss of taste and smell problem I will immediately report to University Health Centre for Health Checkup/ clinically assessed. After, getting Health Fitness Report, I shall be allowed to visit my Department. In case of any syndrome of asymptomatic, I shall not visit the Campus/ Department and contact the nearest hospital for clinical assessment.
11. Presently, the University does not have medical insurance to any student; however, the University is in the process of acquiring "**Health Insurance**" for all the students for current academic year (2021-22). **Hence, I have paid the Semester fees of the current academic year along with health insurance premium of Rs.2,000/- towards annual Health Insurance before joining the University/ Campus/ Department. (Note: The amount of Rs.2000/- is tentative amount and the actual Insurance Premium towards Health Insurance will be adjusted/returned at the time of next semester fee students.**
12. I also understand that there is a Primary Health Care Centre at University Campus at Hyderabad, which will extend all facilities available at University Health Centre. However, in case of COVID-19 infection, if, I require hospitalization/Isolation outside the Campus, and then cost of hospitalization / Medical Treatment will be bear by me/parent/Guardian and all the care will be looked after by my parent/ local guardians/ friends during outside hospitalization/ Isolation, till the Health Insurance facility is being finalized for the students by the University as per Government of India/University norms.
13. I declare that before coming to the University, I have not stayed/lived in any '**Containment Zones**', as declared by State Government/District administration of my region/area.
14. I shall not visit to any of the Hostels/other Departments and residential area of the staff quarters in the Campus.
15. I will sanitize my laptop, audio, video, media accessories and other personal lab equipment frequently.

16. I declare that my parent/guardian is well aware that my health is well and physically fit to join the University Campus/Department. I am joining the University Campus/Department knowing the risk factors.
17. I will oblige above rules and regulations/guidelines of the University and adhere to the above undertaking as well as follow the instructions/advisory/SOP related to COVID-19 Pandemic in future also.

**Declaration to be Signed by the Student and Parent/Guardian**

- Name of Student :  
.....
- Student Roll No. :  
.....
- Enrolment No. :  
.....
- Department :  
.....
- Name of Supervisor :  
.....
- Date of Arrival :  
.....
- Student Mobile Number :  
.....
- Emergency Contact Number 1 :  
.....
- Emergency Contact Number 2 :  
.....

We are sending our ward knowing the risk involved and take all the responsibility of my ward in any untoward circumstances.

**Signature of the Student**

**Signature of Parent/ Guardian**

**Name:**

**Name:**

**Phone Number:**

**Residential Address:**