

Department of Biosciences
Saurashtra University
Rajkot

Declaration

I Mr. /Ms. /Mrs. _____ (student of M.Sc./ M.Phil./ Ph.D. in Botany/ Microbiology/Zoology) do hereby declaration on oath as under

1. I am coming to the department willingly and with consent of my parents.
2. I assure that I will follow all the COVID 19 guidelines / SOP issued by the authorities, and if I feel unwell, I will inform the department and will take all precautionary measures to ensure my and others safety.
3. Department will not be responsible for any undesirable incident or loss happed due to COVID 19.

I am signing this undertaking willingly and without any force.

Signature of student

Signature of parent

Name of student

Name of parent