



COEP SOCIETY'S

# COLLEGE OF ENGINEERING PUNE

(An Autonomous Institute of Govt. of Maharashtra)  
SHIVAJINAGAR, PUNE-411005 (MAHARASHTRA) INDIA

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Date: \_\_ / \_\_ /2021

To,  
The Director,  
College of Engineering Pune.  
Shivajinagar, Pune-05.

**Subject: Undertaking for return to college campus during COVID-19 crisis.**

Respected Sir,

I, the undersigned, Mr./Ms. \_\_\_\_\_, MIS  
no \_\_\_\_\_, studying in \_\_\_\_\_ FY/SY/TY/Final  
B.Tech/B.Planning/M.Tech/M.Planning/MBA \_\_\_\_\_  
program, wish to return to campus and wish to avail the hostel facility, if made available.

I am aware of the guidelines and protocols of the Health Ministry/Maharashtra Government, pertaining to social distancing and hygiene, I state that I am aware that it is entirely voluntary for me to return to the college and that I am doing so on my own free will, having understood the risks inherent in commuting to college during the current Covid-19 Pandemic.

I may be provided hostel accommodation as per COEP rules and in case I am not entitled for hostel accommodation, I am ready to manage my local accommodation will take care of my food arrangement. I will take care of my health during the period of my stay in Pune and will follow all precautionary/safety norms as laid down by the company officials and Government of Maharashtra.

I am ready to take the entire responsibility and will not blame college for any medical emergency.

I declare that:-

- I am not having fever, cough and breathing problem from last 2 weeks.
- None of my family members is suffering from fever, cough and breathing problem past 2 weeks.
- I am not having any disease like diabetes, hypertension or heart/ lung /kidney related disease, etc.
- I will wear face mask as well as any other prescribed protective gear and maintain physical and social distancing in hostel/my place of residence and in Institute.
- I will self-monitor my health every day. In case, i develop fever, cough, flu-like symptoms and/or breathing problem then I will consult a doctor and follow medical advice and report the same to the institute authorities.
- I understand that there is always a possibility of getting infected by the virus. My parents/ guardians are also fully aware of my wish to return to the campus to attend the curricular activities.

- I also want to declare that college authority has not put any pressure on me to stay in the college campus.
- I also understand that in case of any medical emergency, I will avail the available facilities nearby my local residence. However in case of COVID-19 infection, I may require isolation, treatment and/or hospitalization, I will follow government laid down protocols and shall bear all expenses for the same.

Signature of student:

Name of student : \_\_\_\_\_

Student's Mobile number: \_\_\_\_\_

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#### UNDERTAKING BY PARENTS / LOCAL GUARDIAN

**"I have seen/discussed the declaration filled by my son/daughter and certify that the information provided by him/her is correct and that I permit him/her to return to campus with complete understanding of implications of COVID-19 pandemic, and further that I will not hold COEP responsible for any untoward incident arising out of the pandemic or otherwise."**

Signature of Parent / Local Guardian:

Name of Parent / Local Guardian: \_\_\_\_\_

Contact number of Parents / Local Guardian : \_\_\_\_\_

Address: \_\_\_\_\_