

Date:

# Declaration

**To  
The Registrar,  
Vidyasagar University,  
Midnapore.**

*Dear Sir,*

I do hereby declare that, I shall keep my son / daughter / relative,  
..... (name) / I will keep myself under strict confinement  
within my residence for the ensuing 2(two) weeks, on my / his /her return from  
.....  
.....  
..... (full address  
including ward No. and zone). I / He/she will also be provided a separate room during  
these two weeks and I will / he/she shall not venture out of my /his/her room and my  
residence. I also declare to shoulder the full responsibility of my son/daughter/relative /  
myself during my/ his/her stay as per COVID 19 protocol.

*Signature*

*Designation:*

*Address:*

*Cell No.*