

Affidavit

I _____ S/D/o _____ student of _____ Degree Program hereby declare that I want to return to the Isra University Hyderabad/ Campus to participate in the academic activities on my own will and wish whereas the University has provided me with an option 'not to return'.

I assure that I shall adhere to all the safety protocols and other instructions in letter and spirit and that I shall be held solely responsible for consequences if any on violating any rules and protocols issued by the University.

I also declare that I am fully and personally responsible for my safety and actions. With this, I declare that I shall not hold the University accountable for any exposure or harm due to COVID-19.

Signature of Student

Signature of Parent/Guardian

CNIC#

Cell No:

Date: