**AFFIDAVIT FOR STUDENTS**

**I\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, D/o\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department, having enrollment number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, CNIC No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Copy) declare that I have been given an option from the Management of Jinnah University for Women and I have chosen to return to University.**

**I assure you that I will adhere all the safety protocols and other instructions in this regard. I will be held solely responsible for violating any set of rules and protocols by the University during this time.**

**I and/or my family will not hold the University responsible, if I contract the COVID-19 virus in spite of the safety protocols.**

**Student Signature**

**CNIC No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Copy)**

**Parents/ Guardian Signature**

**CNIC No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Copy)**

**Cell No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Postal Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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