



# WOMEN UNIVERSITY, SWABI

Phone. No. (0938) 224222, Fax (0938) 221193  
www.wus.edu.pk

## AFFIDIVAT / STUDENT HEALTH DECLARATION FOR ENTRY INTO THE CAMPUS

I, Ms \_\_\_\_\_ daughter of \_\_\_\_\_

Semester \_\_\_\_\_ having reg.# \_\_\_\_\_ student at department of \_\_\_\_\_

\_\_\_\_\_ Women University, Swabi bearing CNIC# \_\_\_\_\_

do hereby solemnly affirm and to declare and undertake:

1. That I will not hold university liable if I contract the virus in spite of the safety protocols.
2. That I have not been tested positive or reactive with the Coronavirus or been identified as a potential carrier of the Covid-19 virus or similar communicable illness (“Corona Virus”).
3. That my health status is as follows:

a) Fever	Yes_____ No_____
b) Cough	Yes_____ No_____
c) Difficulty in Breathing	Yes_____ No_____
d) Sore throat Fever	Yes_____ No_____
e) Other (Please Specify)	_____
4. That I have not been in contact with or the immediate vicinity of any COVID-19 patient or a person identified as a potential carrier of the Coronavirus.
5. That I am willing to follow all public safety measures adopted by the University’s administration for anti-Covid-19/ Corona Virus.
6. That I will notify the authority or designated staff/HoD for any change in health status, including diagnosis with Coronavirus.
7. That I will fully comply with all anti-COVID-19 SOPs/ Precautionary measures / Instructions by the University, or any other public authority/Government and will not find means and ways to violate the SOPs.
8. That I will consent to having my temperature taken by the representative or agent of the University at the arrival, during and departure or as and when required by the University and will provide any follow up information reasonably requested by the University’s representative/Agent.

**9.** That I **ACKNOWLEDGE** and **ACCEPT** that this declaration will be considered as my consent to Women University Swabi to disclose, share, record and store this declaration with any relevant authority or service provider for the purposes of ensuring the safety and security of any and all third parties that may come in contact with me prior, during, and after of my entry into the campus.

**10.** I **AFFIRM** that all the above statements are true and correct to the best of my Knowledge and belief and nothing has been concealed/kept secret from the University. In case any of the above information is found to be false or untrue or misleading or misrepresenting and wherever found guilty of misconduct or violation, I am aware that I may be held liable for the offense or inconsistency under the all applicable law(s) of Pakistan and disciplinary action by the university.

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**Name/ Signature of the Student**

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**Name/ Signature of the Parent/Guardian**

Dated: \_\_\_\_\_

*Note: After filling and signing this declaration submit it to the concerned HOD. Further to clear that this affidavit is required to be printed on white A4 page (back-to-back) and not on stamp paper.*