



Capital University of Science & Technology, Islamabad

Expressway, Kahuta Road, Zone-V, Islamabad
Phone: 92-51-111-555-666 Fax:92-51-4486705
Email: info@cust.edu.pk Website: http://www.cust.edu.pk

UNDERTAKING

(For Students)

1. I _____ student of _____ having Registration No. _____ solemnly declare that I am willing to attend face-to-face on-campus classes (if offered) in the upcoming semester i.e Fall 2020 semester.
2. I shall adhere to the prescribed SOPs / Safety Protocols and guidelines of COVID-19 issued from time-to-time to protect the health of myself and others.
3. God forbid, despite all precautions, if I catch any disease, I shall not hold Capital University responsible for this, in any matter what so ever.
4. Currently, I am in good health condition.

Have you undergone COVID Test?

YES

NO

If yes, please tick relevant box

Negative

Positive

Date of Test _____

Student Name:

Guardian / Father Name:

Guardian / Father CNIC:

Student Signature

Guardian / Father Signature