

CHAITANYA BHARATHI INSTITUTE OF TECHNOLOGY (A)

Chaitanya Bharathi Post, Kokapet (V), Gandipet (M), Hyderabad-75

Date: _____

COVID-19 NEGATIVE DECLARATION

I. (Student Name)_____ S/o D/o / Name_____

Residential Address _____

Age_____ Class_____ Semester_____ Roll

No._____ hereby declare that I will abide by the Standard Operating Procedures (SOP)/ guidelines issued in view of COVID-19 and herewith enclose a Medical Certificate certifying that I am COVID-19 negative.

Parent / Guardian Signature

Student Signature

Name of the Parent / Guardian

Name of the Student

Mobile No:

Mobile No: