

ANNEXURE-A

Hope Foundation's FINOLEX ACADEMY OF MANAGEMENT & TECHNOLOGY, FAMT HOSTELS (BOYS & GIRLS)

**Rules and Regulations for Re-Opening of University/Hostel Facilities in view of UGC
Guidelines regarding Post Lockdown due to Covid-19 Pandemic (March, 2022)**

**(Undertaking to be signed by the Hostel Resident and
Parent/Guardian)**

I S/o, D/o Roll NO:, Semester.....
Department..... do hereby agree/adhere to the following guidelines/ Standard
Operating Procedures (SOP) for safety and health protocol prepared by UGC and as enforced by the
Institute.

- 1 I will abide and follow all public health measures and other safety protocols to reduce the risk of COVID-19 at all times.
- 2 I am not having high fever, dry cough, headache, sign of breathlessness, loss of taste and smell problem (from last 2 weeks).
- 3 I am not having any heart, lungs, kidney related problem.
- 4 I will maintain physical distancing of at least 6 feet at all the places in the campus.
- 5 During travel period, I strictly follow the guidelines of GOI/State Governments. I understand that there is always a possibility of getting infected by the virus due to the number of cases in different parts of the country. I and my parents/ guardians are fully aware of the above fact and I will be responsible, if infected.
- 6 I will use face covers/masks and other protective measures at all times while visiting to Departments/ Administrative offices, Research laboratories, libraries and Hostel's Common places/areas like- Dining Hall/Common Room/Reading Room and at all places inside the campus.
- 7 I will frequently wash my hands with soap (for at least 40-60 seconds) even when hands are not visibly dirty. And I will use alcohol-based hand sanitizers (for at least 20 seconds) wherever feasible
- 8 I will obey all respiratory etiquettes that involve strict practice of covering one's mouth and nose while coughing/sneezing with a tissue/handkerchief/flexed elbow and dispose used tissues properly.
- 9 After my arrival in the campus, if any symptoms observed, I shall not be provided hostel facility and leave the campus immediately and contact the nearest hospital for clinical assessment.
- 10 However, in case of COVID-19 infection, I may require hospitalization/Isolation outside the campus, and then cost of hospitalized/ Medical Treatment will be bear by me/parents. In said

situation, all the care will be looked after by my parents/local guardians/ friends during outside hospitalization/Isolation, (except the facility available at University Health Centre immediately).

- 11 I will self-monitor my health for 14 days of quarantine. In case, I develop fever, cough, diarrhoea, Chest pain, body pain, headache and breathing problem etc. then I will immediately inform about it to Institute Authorities/ Wardens/ Head of Departments, etc. Also, I will consult the Medical Doctor and follow the medical advices.
- 12 Further, I understand that on joining the hostel facility, I shall bring my own masks, sanitizers and a thermometer for monitoring body temperature for personal use. Further, I shall bring toothpaste, soaps/shampoo, shaving kits, blades, hair oil and other items of general use from home.
- 13 I understand that in the hostel I have to share common washrooms, and dining facility, etc. Therefore, I shall take necessary care all the time by diligently following all instructions/notices/protocols in the hostel. I agree to clean the shared bathrooms and toilets before and after their use as per hostel protocols in order to protect myself and others.
- 14 I shall be confined to my room only and not share/live with other students of the hostels living in other rooms.
- 15 I will install & use 'Aarogya Setu App' before arrival in the campus and it will remain active at all times (through Bluetooth and Wi-Fi).
- 16 I understand that 'Spitting' is a punishable offence; hence if I violate, I may be punished by the Hostel Authorities / Institute
- 17 I declare that before coming to the FAMT Hostels, I have not stayed/living in any 'Containment Zones' as declared by State Government/District administration of my region/area.
- 18 I shall not invite any visitors/friends/guests to the Hostel Rooms during my hostel stay, to the Hostels.
- 19 After 14 days of quarantine, I shall visit outside the campus, as per regular intervals/timings/days decided by the Institute. Further, I will not enter the residential area of the FIL Staff buildings in the Hostel premises.
- 20 I will leave the Hostel Premises immediately with bag and baggage, in case shut down are ordered by the Government of India/State Government/University due to outbreak in campus or the surrounding region/area.
- 21 I will regularly sanitize my laptop, audio, and other personal items.
- 22 I declare that my parent has allowed me to go to the Institute after found me well.
- 23 I declare that I will participate in activities that inculcates immunity-boosting mechanism which may include exercise, yoga, eating fresh fruits, healthy food and timely sleeping (avoid fast food).
- 24 I will pay **Rs.7500/-** towards Hostel Fee of the current semester (**10th March to 30th June or till end of the Semester**) for FH-2022 before joining the Hostel facility
- 25 I will pay the Hostel and Mess due, if any, before joining Hostel.
I hereby declare that I will pay the advance amount of **Rs. 2500/- (Per Person/Month) towards Mess facility** and I will pay advance amount of **Rs. 2500/-** accordingly in **subsequent months in the first week of every month to the Mess Contractor**, till I stay in the Hostel.

DECLARATION TO BE SIGNED BY THE RESEARCH SCHOLARS

Name of Student:

Student Roll No

Semester:

FE/SE/TE/BE

Branch

Date of Arrival:

Student Hostel and Room No

Contact Mobile number

Emergency Contact number 1:

Emergency Contact number 2:

We are sending our ward knowing the risk involved in travelling and residing in hostels. we take all the responsibility of my ward in any untoward circumstances and we shall coordinate the well-being of my ward. In case of any COVID-19 pandemic related emergency we undertake to give necessary treatment from our side.

Signature of Parent/ Guardian

Signature of the Student

Name: Phone No.

Residential Address: