



**S.E. Society's  
SNBP College  
Yerwada, Pune-18**

**UNDERTAKING/ ACKNOWLEDGEMENT**

**Date:**

**To,  
The Principal,  
SNBP College, Yerwada, Pune.**

I ....., age : ..... years., faculty of ..... (Department) self-declare that I am doing work from college.

As per the Government of Maharashtra guidelines, I completed the Covid-19 vaccination. The details are as follows:

1. Number of Dose

In such a situation, I am fully aware and follow the Covid-19 prevention measures in college campus and if any unwanted incident happens, I will be fully responsible for it.

I was not in contact with any Covid-19 positive case. If I come in contact with a positive case, I will inform the concerned authorities immediately with all the details.

If I suffer from fever/ cold/ cough/ loss of smell or any other Covid-19 symptoms, I will immediately inform the College authorities.

I am aware that in spite of following all precautions, I may get infected with Covid-19 then I will not blame or hold the college/ any staff responsible for it.

I will follow all the guidelines, rules & regulations of covid-19 to ensure safety and health.

**Name of the Staff .....**

**Signature of Staff .....**

**Mobile No. ....**

**Note:** Attach Certificate of Vaccination and RTPCR report.