UNIVERSITY OF JAMMU

COLLEGE ON WHEELS "J&K GYANODAYA EXPRESS"

NOVEMBER 19 - DECEMBER 02, 2023

UNDERTAKING

Attested photograph duly attested by Concerned HOD

I Mr./Ms. .....

S/o/D/o .....

R/o .....

Course ..... Semester ..... Roll No. .....

Session ..... Year ..... do hereby undertaking the following :

1. That I am a regular student of _____ and on the rolls of the Department/College.
2. That I hereby declare that on my own will & wish and without any force or influence, I am accompanying the College on Wheels Program organized by University of Jammu for 14 days.
3. That I will traveling and undertaking the College on Wheels Program organized by University of Jammu at my own risk & responsibility and in case of any accident/mishap I will not hold the University responsible for this consequences.
4. That I have sought permission of my Parent/Guardian for going on the said program.
5. That I will on tour will fully cooperate with University Officials/Incharges and abide by instruction given.
6. That I will strictly follow the guidelines/rules/regulations whatever University of Jammu has framed for the successful conduct/completion of the said program.
7. That I will not include/involve myself in any misbehavior/indiscipline/act amounting to indiscipline while I am on the said program.
8. All the participants are required to maintain the sanctity of all the places to be visited.

Signature of the Student
Mobile No.

Counter Signature of the Parent/Guardian
Mobile No.

MEDICAL CERTIFICATE OF FITNESS

I have examined Shri/Kumari/Smt. _____

Son/Daughter of Shri _____ aged _____

P.S_____ Distt. _____ State _____ PIN _____

and certify that, he/she is free from deafness, defective vision (including colour vision) or any other infirmity, mental or physical likely to interfere with the efficiency of his/her work and found him/her possessing good health.

This certificate is given to him/her for the purpose of _____.

1. Medical Allergies: _____
2. Food Allergies: _____
3. Name and Address of person to Contact in case of illness: _____

Signature of the Candidate
(To be signed in presence of the Medical Officer)

Dated

Signature of the Medical Officer _____

Name of Medical Officer: Dr. _____

Registration No. _____

Seal or Stamp of the Dr. _____