

## **UNDERTAKING**

I, \_\_\_\_\_ S/O,D/O \_\_\_\_\_  
bearing CNIC No \_\_\_\_\_ studying at BUIITEMS in  
\_\_\_\_\_ Program for the session \_\_\_\_\_,  
Department \_\_\_\_\_ and Faculty  
\_\_\_\_\_, under CMIS ID Number  
\_\_\_\_\_, do hereby undertake that;

1. I will adhere to the safety guidelines/ SOPs that are issued by WHO and Higher Education Commission.
2. If in the event that I am infected with the COVID-19. I will not hold BUIITEMS responsible in any way.

Name: \_\_\_\_\_ Dated : \_\_\_\_\_

Student's Signatures : \_\_\_\_\_ Place : \_\_\_\_\_

Father's/ Guardian's Name and Signatures:

\_\_\_\_\_

Home Address with Phone Number:

\_\_\_\_\_

\_\_\_\_\_

**ATTESTED BY OATH COMMISSIONER / NOTARY PUBLIC**

*(Copy of the CNIC of Student and Parents/Guardians is to be attached. To be attested by Oath Commissioner/ Notary Public on Rs. 20/- Stamp Paper)*