

**Important instructions for PhD Scholars/Junior Research Fellow/Project Staff who wish to come to Campus and stay in the Hostel to resume their Research Work:**

1. Use the link: <https://amrita.click/cblink10> to Apply. PI fill all the details correctly for hassle free Permission process.
2. Will have to fill the risk assessment form given in (Annexure 1)
3. Will have to fill and submit undertaking (Annexure 2) before the visit
4. Will have to undergo Quarantine for 14 days inside the Campus.
5. Will have to stay inside the campus – moving out of the campus will be only for emergency purpose with permission obtained through the link <https://amrita.click/cblink06>.
6. All Covid Protocol existing in the campus like- Wearing Mask all the time, Following Social distancing, hand sanitizing to be strictly followed. Violations of this will result in withdrawal of the permission granted.
7. **Will receive a mail from the Hostel authorities permitting the visit. Permission to visit is given after analyzing the risk assessment form and fulfilling all other formalities. Scholars will start the journey only after the confirmation mail permitting the visit.**
8. Can opt for a Covid Test (cost approximately Rs 3000/-) after 3 days of Quarantine.
9. Any Covid related symptoms – loss of smell & taste, fever, throat pain, difficulty in breathing to be immediately reported to the Campus Medical Aid compulsorily. Concealing these symptoms will lead to cancellation of the permission.

## Annexure 1

### RISK ASSESMENT QUESTIONNAIRE

1. Do you have any symptom complex suggestive of COVID (fever, dry cough, breathlessness, throat discomfort, loose stools)? Yes/No
2. Have you undertaken International travel / travelled outside the state in the last 28 days? Yes/No
3. Are you returning from red zone or hotspot area from other zones (gets updated on a timely basis)? Yes/No
4. Did you attend any meeting/gathering in the last 28 days? Yes/No
5. Did you come into contact with a quarantined individual (International/interstate returnees)? Yes/No
6. Did you visit any hospital where COVID patients are treated in the last 28 days?  
Yes/No

7. Did you meet any healthcare worker without proper PPE who is handling COVID patients? Yes/No

8. Did you come into contact with any person from a hotspot area in the last 28 days?

Yes/No

Address from where you are returning to campus with contact number:

How long did you stay in the above address: \_\_\_\_\_ days

Your mode of Travel:

Expected Date and Time of Arrival at the campus:

(Start your journey only after getting confirmation mail)

Name and Age of accompanying persons( if applicable) :

(Persons above 65 and below 10 are not allowed, if they are not part of the family already residing inside)

Attach copy of e- Pass if applicable:

Declaration:

I hereby declare that all the information contained above is in accordance with facts or truths to my knowledge. I take full responsibility for the correctness of the said information.

Name and Mobile Number:

Signature:

Date:

Staff Quarters/Hostel Address:

**ANNEXURE 2**

I, the undersigned, a student/Research Scholar/Project staff of Amrita Vishwa Vidyapeetham and my guardians understand that as Amrita is re-opening our academic courses, physical re-joining is on a voluntary basis. We understand that there is an inherent risk of COVID exposure in any and all travel as well as any gatherings of people as can occur in an academic environment and the institution is not responsible for this risk. We understand the risks and have agreed to them.

We also agree to abide by the Covid Protocol in letter and spirit.

The cost incurred for the treatment and quarantine will be borne by the Parent/Guardian.

Any personal attention needed for the student/Scholar in case of a Hospital admission will be arranged by the Parent/Guardian.

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Student's Name

Guardians' Name

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Student's Signature

Guardian's Signature

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Student's Batch and Roll No.