



Roll No.	AP17600077	Application No	223510223658	Photograph 
Candidate's Name	SUDAGANI SURYA KIRAN	Father's Name	SUDAGANI NAGA VENKATA VARA PRASAD	
Gender	Male	Date of Birth	22-03-2002	
Category	OBC- NCL	State Domicile	ANDHRA PRADESH	
Person with Disability(PWD)	NO	Scribe required	NA	
 AP17600077		Candidate's Signature	S. Surya Kiran	

SELF DECLARATION (UNDERTAKING)

I, **SUDAGANI SURYA KIRAN**, resident of **4-55/1 S.N GOLLAPALEM SULTANNAGARAM MACHILIPATNAM KRISHNA ANDHRA PRADESH 521001**, do hereby, declare the following:

1. That, I have read the Instructions, Guidelines and relevant orders of the Govt. of India pertaining to COVID-19 pandemic. I have read Information Bulletin, Instructions and Notices related to this examination available on the website <https://cuet.nta.nic.in> and www.nta.ac.in

2. I have in the last 14 days (please tick, wherever it is applicable to you, otherwise leave blank):

a) the following flu-like symptoms:

- | | | | |
|------------------|--------------------------|-------------------------------|--------------------------|
| • Fever: | <input type="checkbox"/> | • Sore throat/runny Nose | <input type="checkbox"/> |
| • Cough: | <input type="checkbox"/> | • Body ache: | <input type="checkbox"/> |
| • Breathlessness | <input type="checkbox"/> | • Other Please Specify: _____ | <input type="checkbox"/> |

b) been in close contact with a confirmed case of the COVID-19. ('Close contact' means being at less than one meter for more than 15 minutes.)

c) not been in close contact with a person suffering from COVID-19 and am NOT under mandatory quarantine.

d) travelled the following cities/ country in the last 14 days prior to arriving at the Centre.

	1st City	2nd City	3rd City	4th City
Name of cities/country				
Date of Arrival in Centre City				

3. The health and wellbeing of our community is our first priority; therefore the centre reserves the right to deny entry to its premises.

4. I have read the detailed "IMPORTANT INSTRUCTIONS for CANDIDATES" as given on Page-2 and "ADVISORY for CANDIDATES REGARDING COVID-19" as given on Page-3 and I undertake to abide by the same.

Candidate's Photo (Same as uploaded on Application Form to be pasted before reaching the centre)	Candidate's left hand thumb impression (To be put before reaching the centre)	Candidate Signature (To be signed, On the day of Examination in presence of invigilator only)
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The above undertaking has to be filled up in advance before reaching the centre, except candidate signature which has to be done in the presence of invigilator.