

AFFIDAVIT

I _____, hereby declare that I want to have access to the FATA University campus to participate in the limited academic activities on my own will whereas the university has also provided me with an option 'not to return'.

I assure that I will adhere to all the safety protocols and other instructions in this regard. I will be held solely responsible for violating any set of rules and protocols as determined by the University during this time.

I further declare that I will not hold the University liable if I contract the SARS-CoV-2 (COVID-19) despite the safety protocols.

Signatures of Applicant: _____

Name and FATA University ID: _____

Department: _____

Date: _____

Ph#: _____

Postal Address: _____