

SHRI VISHWAKARMA SKILL UNIVERSITY

Examination Department

IMPORTANT INSTRUCTIONS FOR CANDIDATES ON COVID-19

(For CSA, Dudhola and Transit Campus, Gurugram)

Ref. No. SVSU/2020/Conduct/623

Date:15.09.2020

1. Candidate must observe the social distancing guideline for COVID-19 starting from point of entry in the exam venue till his /her exit from the same.
2. Candidate must bring their own Mask, Gloves, personal hand sanitizer, transparent water Bottle, a simple pen and the exam related documents (Admit Card, ID Card etc.). No other items will be permitted inside exam venue.
3. Candidate will necessarily bring in a signed self-declaration, format given below and show the same to the Security Guard at the time of entry into the exam venue. **THIS IS MANDATORY.**
4. Candidates showing COVID symptoms WILL NOT be allowed to enter into the exam venue.
5. Temperature of Candidate will be checked at the entry to the exam venue via a Thermo Gun. Only those candidates will be allowed inside the exam venue whose temperature is within the acceptability limits as approved by competent authorities.
6. Candidate with normal temperature will be allowed to enter the exam venue.
7. Candidates need to follow directions given by representatives deputed by respective department.
8. At registration desk, candidates will sanitize his / her hands using sanitizer provided at the desk.
9. Candidates will be under CCTV coverage throughout the exam.
10. Candidate has required to report at the exam venue strictly as per the time slot.

Self-Declaration

We are concerned about your health, safety & hygiene. In the interest of your well-being and that of everyone at the venue, you are requested to declare if you have any of the below listed symptoms by using a ✓ (Yes, I have) or × (No, I do not have).

Cough

Fever

Cold / Runny Nose

Breathing Problem

I certify that I've NOT tested Positive for the Coronavirus or NOT been identified as a potential carrier of the COVID-19 virus by competent authority

Candidate Name : _____

Candidate Roll No : _____

Date of Exam : _____

Exam Center Name : _____

Signature of Candidate with date _____