DECLARATION FROM THE STUDENT ON PHYSICAL FITNESS

I,	Mr./Ms.		,
CUG No. (As per Counselling Application Form)/Roll No			
Programme			
De	epartment	,	student of Central
University of Gujarat, Gandhinagar, do hereby undertake on this the(Day) of			
		(Month), 2024, the following:	

- 1. I declare that I am not suffering from any serious/contagious ailment including psychology related symptoms.
- 2. I also understand that the declaration on physical fitness submitted by me is correct.
- 3. I also understand that I shall take care of my health and the ups and downs in my health are my own responsibility.

Place:

Date:

Name of the Student

Signature of the Student

I hereby fully endorse the correctness of this undertaking made by my son/daughter/ward.

Place:

Date:

Name of Mother/Father/Guardian

Signature of Mother/Father/Guardian