Web : www.jntuh.ac.in
E Mail : dejntuh@jntuh.ac.in
Phone : Off: +91–40–23156113
Fax : +91–40–23158668

JAWAHARLAL NEHRU TECHNOLOGICAL UNIVERSITY HYDERABAD

(Established by JNTU Act No. 30 of 2008)
Kukatpally, Hyderabad – 500 085 Telangana (India)
ACCREDITED BY NAAC WITH 'A' GRADE

Dr. V.Kamakshi Prasad
M.Tech.,Ph.D.(IIT-M),FIE,MCSI, LMISTE
Professor of Computer Science and Engineering &
DIRECTOR OF EVALUATION

Letter No EB / XXX / 2020 Dated 15-09-2020

To

The Principals,

JNTUH Constituent and Affiliated colleges offering B.Tech. /B.Pharm / MBACourses.

Dear Sir/Madam,

Sub: JNTUH - Exam Branch – Additional guidelines for conducting external exams – Reg.

Ref: Our earlier letters No EB /OLE/816 Dated:7-09-2020&EB/821/2020 Dated 12-09-2020

The Principals are informed to note the following additional instructions related to the conduct of semester examinations commencing from 16-09-2020:

1) Please download the recent seat allotment excel file (as there may be a few updates in the list).
2) The colleges are informed not to allow any students who are Covid positive. To that extent, one declaration form need to be taken from the students. The format of the undertaking is enclosed herewith. (One A4 sheet with four copies of declaration forms. It should be cut into four pieces and to be issued to four students)
3) The students may be instructed to carry either the student identity card or any other identity card (like Adhar card, driving license or PAN or any other govt. approved identity cards)and show it along with hall-ticket.
4) Some colleges have requested the University to permit their students to write exams at their (parent college) instead of allotted host colleges. The requests of such colleges have been accepted and issued fresh hall-tickets and nominal rolls. These parent colleges can use the answer booklets available in the first lot of bundles (cartons). They need not collect the booklets from the host colleges.

The cooperation of the Principals is highly solicited

Thanking you

Yours Sincerely

Sd/-
Director of Evaluation

SELF DECLARATION (UNDERTAKING)

I, _____, bearing Roll No _____, do hereby declare the following:

1. That, I have read the instructions, guidelines and relevant orders pertaining to Covid-19 pandemic.
2. I do not have any of the following flu-like symptoms in the last 14 days: Fever, Cough, Breathlessness, Sore throat/ Runny Nose, Body ache.
3. Not been in close contact with a person suffering from Covis-19 and am NOT under mandatory quarantine.
4. The health and wellbeing of our community is our first priority: Therefore the centre reserves the right to deny entry to its premises.
5. I/we have read the instructions given on hall-ticket.

Candidate Signature

SELF DECLARATION (UNDERTAKING)

I, _____, and bearing Roll No _____, do hereby declare the following:

1. That, I have read the instructions, guidelines and relevant orders pertaining to Covid-19 pandemic.
2. I do not have any of the following flu-like symptoms in the last 14 days: Fever, Cough, Breathlessness, Sore throat/ Runny Nose, Body ache.
3. Not been in close contact with a person suffering from Covis-19 and am NOT under mandatory quarantine.
4. The health and wellbeing of our community is our first priority: Therefore the centre reserves the right to deny entry to its premises.
5. I/we have read the instructions given on hall-ticket.

Candidate Signature

SELF DECLARATION (UNDERTAKING)

I, _____, bearing Roll No _____, do hereby declare the following:

1. That, I have read the instructions, guidelines and relevant orders pertaining to Covid-19 pandemic.
2. I do not have any of the following flu-like symptoms in the last 14 days: Fever, Cough, Breathlessness, Sore throat/ Runny Nose, Body ache.
3. Not been in close contact with a person suffering from Covis-19 and am NOT under mandatory quarantine.
4. The health and wellbeing of our community is our first priority: Therefore the centre reserves the right to deny entry to its premises.
5. I/we have read the instructions given on hall-ticket.

Candidate Signature

SELF DECLARATION (UNDERTAKING)

I, _____, bearing Roll No _____, do hereby declare the following:

1. That, I have read the instructions, guidelines and relevant orders pertaining to Covid-19 pandemic.
2. I do not have any of the following flu-like symptoms in the last 14 days: Fever, Cough, Breathlessness, Sore throat/ Runny Nose, Body ache.
3. Not been in close contact with a person suffering from Covis-19 and am NOT under mandatory quarantine.
4. The health and wellbeing of our community is our first priority: Therefore the centre reserves the right to deny entry to its premises.
5. I/we have read the instructions given on hall-ticket.

Candidate Signature