No.\_\_\_\_\_\_\_\_\_/ KMU/

Date: \_\_\_\_\_\_\_/09/2020

Name of student -----------------

Name of program ---------------

Semester --------------------------

**Subject**: **INVITATION LETTER**

Dear students,

It is to inform that Khyber Medical University will be opened for the students from 21-09-2020, you are invited to attend the classes along with provision of the affidavit attached as annex-1.

You are directed to produce duly singed affidavit and this invitation letter while joining the institute. You have given the option to return or not return to the institute keeping in view your health concern. You have to complete your class attendance through online classes in case of not willing to attend the institute physically.

Director of institute

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**Copy for information to:**

1. Director Admin, KMU
2. Office Record

(**Annex-1**)

**(TO WHOM IT MAY CONCERN)**

I Mr./Mrs/Ms\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_S/D/o \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CNIC No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby solemnly declare that:

1. I am joining University/College with the written invitation letter received from the Head of Institution. I have been given an option to return or not.
2. I am willing to return. **Yes / No**
3. I will adhere by all safety protocols and other instructions in this regard and I will not hold the university/college liable if I contract the virus in spite of the safety protocols.
4. I confirm that I have not contracted Covid-19 and neither my family members nor close friends/relatives were affected (details attached if someone of above was affected).
5. I confirm that I will provide details to the institution if someone from my family, close friend or relative is affected.
6. I am fully aware of the SOPs issued under Covid-19 and will follow the SOPs approved by KMU.

Name of Student: \_\_\_\_\_\_\_\_\_\_\_\_\_ Name of Guardian: \_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Institute: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CNIC No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Semester: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_