



**RAJIV GANDHI UNIVERSITY OF KNOWLEDGE TECHNOLOGIES**

(Established under Act 18 of 2008)

RGUKT CAMPUS, BASAR, Nirmal, Telangana State - 504107

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RGUKT/S.W.O/Food Committee/AY2025-26/03

Date: 13. 04. 2026

**CIRCULAR**

**Dear students**

**Subject:** Submission of Basic Health profile and Undertaking, E1, E2 and PUC 1 students - Reg.

In view of the prevailing circumstances, the University is collecting basic health profile from the students of the Years E1, E2 and PUC 1 who are returning to campus soon.

The students of E1, E2 and PUC 1 are directed to submit the completely filled and duly signed forms attached herewith to their Class representative upon returning to the campus.

The students and their parents/Guardian are requested to co-operate in this regard.

Sd/-  
Associate Dean  
(Student Welfare)

**Copy to:**

1. Secy. to Vice-Chancellor
2. PS to AO/OSD
3. All Associate Dean(s)
4. FIC, Health Centre
5. The Chief Warden
6. Notice boards and University Hub.



**RAJIV GANDHI UNIVERSITY OF KNOWLEDGE TECHNOLOGIES, BASAR**  
(Telangana Government Act 8 of 2016) Basar, Nirmal, Telangana.

**BASIC HEALTH PROFILE OF THE STUDENT AND UNDERTAKING**

(Use Capital Letters Only)

Name: \_\_\_\_\_ ID: \_\_\_\_\_

Course: PUC/ B.Tech ( ✓ ) Year: \_\_\_\_\_ Dept: \_\_\_\_\_

DOB: ..... Age: ..... Gender: Male/Female

Blood Group: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

**Past History:**

(a) Major illness / surgery, if any (specify nature of illness / operation)

.....

(b) Epileptic Fit (Seizures).....

(c) Do you have any regular medication, if yes, please state:.....

**Undertaking:**

1. I declare that the information provided above is to the best of my knowledge and I am not hiding any facts or records regarding my health.
2. I also declare that I am not suffering from any serious/contagious ailment or disease including serious psychological disorders or related symptoms.

**Signature of the Parent/Guardian**

Name:

Date:

**Signature of the student**

Name:

Date:

**DECLARATION TO BE PROVIDED BY THE PARENT/GUARDIAN OF THE  
STUDENT**

I.....Father/Mother/Guardian of Mr./Ms.....bearing  
ID.....hereby declare the following in respect of my ward admitted to the 6  
year integrated programme of study at RGUKT - Basar.

(a) I hereby state that my ward is not suffering from any serious/contagious ailment including fits (seizures), serious psychological disorders or related symptoms.

(b) I am aware of the fact that the Health centre located in the campus and run by RGUKT Basar for its community has limited facilities and may not be adequate for prolonged treatment of my ward in case of any chronic or serious ailments and it is the responsibility of the parents/guardians to take care of their wards for outside treatment.

**SIGNATURE OF THE PARENT/GUARDIAN**

Name:

Date: