



**STUDENT DECLARATION FORM:  
RETURNING TO PLACE OF STUDY AND/OR TRAINING**

Student's Full Name	
Passport Number	
Date of Birth / Age	
Tel & Email	
Funding Type	

I am the student named above and I hereby declare that:

1. I have read, fully understand, have complied with and shall continue to comply with the information, advice, policy, guidelines, publications and materials issued before and on the day of my departure pertaining to the current COVID-19 pandemic and provided by the relevant authorities of Brunei Darussalam and my country of study;
2. I have been advised to delay returning to my place of study and/or training until my presence is required by my Education Institution and/or other relevant organization for purposes related to my study or training;
3. I understand that the above are important to protect the health, safety and welfare of myself and the family, friends and people who are in close contact with me. Failure to comply may pose an unnecessary risk;
4. Should I return to my place of study and/or training against the advice given, at my own risk, I accept full responsibility for any consequences of that decision;
5. Should I fall sick after arrival, I would seek the health advise of the local health authorities and may consult the relevant Foreign Mission of Brunei Darussalam (if needed); and

6. I herewith attach the following documents:
- a. One (1) copy of my passport;
  - b. One (1) copy of supporting document(s) from the Education Institution and/or other relevant organization showing that my presence is requested or required for purposes related to my study and/or training; and

<b>Student's Signature</b>	<b>Date</b>

Witness Signature	
Name of Witness	
Relationship	
Date	

\*For student below 18 years old, please fill in below:

<b>Parent's / Guardian's Signature</b>	<b>Date</b>

Parent's / Guardian's Name	
Relationship	

**To be completed by the Ministry of Education:**

The Ministry of Education has no objection for the above-named to return to the place of study / training

Verified by		<b>Official Stamp</b>
Designation		
Date		

Kindly submit this completed form to:  
Department of Scholarship Management  
5<sup>th</sup> Floor, Block C, Ministry of Education, Old Airport Road Berakas, BB3510  
Brunei Darussalam  
For further information, kindly contact  
Tel: +673 2380701  
Fax: +673 2380019  
Email: [scholarship@moe.gov.bn](mailto:scholarship@moe.gov.bn)  
IG: [scholarship.moe.bn](https://www.instagram.com/scholarship.moe.bn)