

## SELF DECLARATION FOR STUDENTS/PARENT'S

I, \_\_\_\_\_ son/daughter of \_\_\_\_\_ resident of \_\_\_\_\_, do hereby declare the following:

1. I have read the Instructions, guidelines and relevant orders of Govt of India pertaining to COVID-19 pandemic.
2. I have in the last 14 days (please write Yes/No, wherever applicable):
  - a). The following flu-like symptoms:  
Fever (Yes/No) ..... Cough: (Yes/No) ..... Breathlessness (Yes/No) .....  
Sore Throat/Runny Nose (Yes/No) ....., Body Ache (Yes/No) .....  
Others-Please Specify:
  - b). Been in close contact with a confirmed case of Covid-19 ('Close contact" means being at less than one-meter distance for more than 15 minutes) (Yes/No) .....
  - c). Not been in close contact with a person suffering from COVID-19 and am NOT under mandatory quarantine (Yes/No) .....
  - d). Travelled the following cities/ country in the last 14 days prior to arriving at the institute:

	<b>1<sup>st</sup> City</b>	<b>2<sup>nd</sup> City</b>	<b>3<sup>rd</sup> City</b>	<b>4<sup>th</sup> City</b>
<b>Name of Cities/Country</b>				
<b>Date of arrival in centre city</b>				

3. I/we understand that the health and wellbeing of our community is our first priority; Therefore, the Institute reserves the right to deny entry to its premises.
4. I/We understand and consent to submit and comply with any testing; health monitoring and contact tracing protocols that the Institute has determined are prudent to maintain a safe campus environment. I understand that the Institute will take reasonable measures to ensure the confidential and private nature of the testing and health monitoring information it may obtain from students. However, I/We understand and agree that the Institute may share my COVID-19-related information with certain employees and/or public health officials with a legitimate need to know this information.

Candidates Photo	Student's Signature	Parent's Signature
	Mobile No.	Mobile No.