**SELF DECLARATION FORM**

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) …..**

1. I understand that the health and wellbeing of our community is our first priority; therefore, the college reserves the right to deny entry to its premises.
2. My Covid RT-PCR report dated \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is attached herewith.

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| Candidates photo (same as in the Identity Card) | Candidate’s signature | Parent’s Signature |
| Candidate’s Mobile No. | Parent’s Mobile No. |