



Self-Declaration Form

To ensure health and safety of our community, declaration of illness is mandatory. Be sure that the information you give is accurate and complete. No candidate will be allowed to appear for examination without submitting this form.

Name of the Candidate :

Regd.No :

Examination Dates :

Examination Time :

Examination Centre :

Current address of the student :.....
from where he / she is attending
the examination

- I have not travelled to any foreign location in the year 2021.
- I have not been in contact with people infected or diagnosed with COVID-19 in the last 14 days.

I declare that I am not experiencing any of the below issues:

- Cold
- Fever
- Cough
- Shortness of Breath
- Persistent Pain the Chest
- I have not tested positive for COVID-19
- I have tested positive for COVID-19 but 7 days/14 days is completed since testing. (Provide evidence)

Mobile Number: Parent :.....

 Student :.....

I acknowledge that the information given above is accurate and complete.

Date.....

Student Signature.....

Parent Signature.....