



**SELF- DECLARATION FORMAT
(FOR COVID -19 POST LOCKDOWN PERIOD)**

Name of the Student:	
Academic Faculty:	
Course:	
Branch:	
Registration No.	
Mobile no.	

Resumption of classes post lockdown:

	Yes	No
Have you developed any type of illness during lockdown period		
If yes, type and nature of sickness (Diseases/Ailments)/period of sickness/treatment of such ailment/hospitalization details if any for such sickness		
Have your immediate family member developed any type of illness during lockdown.		
If yes, your relation to the relative/name of the relative/age/gender/nature of sickness/period of sickness/treatment taken for such sickness		
During lockdown have you travelled outstation		
If yes, date and place of travel in chronological order from 20 th March onwards/Home quarantine details if any from – to from state directives/home quarantine address		
Have you gone under COVID -19 test in any hospital		
If yes, address of the hospital/COVID test result		
During lockdown have your immediate family member travelled outstation		
If yes, name of the relative/your relation to the relative/age/gender		
Any specific instruction from Govt. agency or any other important matter		
Were you down with fever, cold and cough in last ten days		
Is anyone in your family quarantined for COVID -19		
Declaration I declare that above information is true and factual statement of various about myself and my family members. I further agree to provide additional information and will keep the University immediately informed about health conditions of myself and my family members. I also agree to take all the necessary precautions and get abided by any guidelines that the Institution may issue from time to time for personal health, safety and hygiene and any regulatory pronouncements made by any authorities.		

Signature

Name and contact number

Date:

Place