

**Covid – 19, Self Declaration Form for Students**

1. Name of Student:
2. Register Number:
3. Parent Institute:
4. Residential address:
  
5. Mobile number:
6. Emergency Contact Number:
  
7. Do you have fever?: Yes / No *(strike off whichever is not applicable)*
8. Are you currently experiencing symptoms like: mild fever / flu like symptoms  
Yes / No *(strike off whichever is not applicable)*
9. Have you been in close contact with a confirmed case of corona virus:  
Yes / No *(strike off whichever is not applicable)*
10. Whether you are in quarantine: Yes / No *(strike off whichever is not applicable)*
11. Are you coming from other state / country and not completed the quarantine period?:  
Yes / No *(strike off whichever is not applicable)*
12. Whether you are residing in a Containment zone / hotspot:  
Yes / No *(strike off whichever is not applicable)*
13. Any other information:

**Declaration**

I hereby affirm that the information furnished above are true and correct to the best of my knowledge and belief. If any of the above are found to be incorrect or fake I am responsible for the consequences.

Date:

**Signature of the candidate**