

SELF DECLARATION TO BE GIVEN AT THE TIME OF JOINING FROM LEAVE/TOUR

I _____ (Name) _____ (designation) hereby
declare that :-

1. I visited _____ (place) during my Leave/Tour which is not a Containment Zone/Area.
2. I have not visited any other place (other than given above).
3. I have followed all the guidelines related to COVID-19 (i.e. wearing of mask, observing social distancing, washing hands regularly, etc.)
4. I or any member of my family/close contact been diagnosed with COVID-19.

Yes/No

(a) if yes please provide details of doctor and treatment duration _____

5. I have any symptoms of cold/cough/fever etc. Yes/No

I hereby declare that the above information is correct & true to the best of my knowledge and at any time if it is found that above information is incorrect than I will be liable for any action as per existing rules/law.

Sign of staff

Place: _____

Name: _____

Date: _____

Designation _____

Counter Signed

(Reporting Officer)