

DEPARTMENT OF WATER SUPPLY & SANITATION

COVID-19 Self Declaration Form

Candidate Name: _____

Roll No.: _____ Mobile No.: _____

I do hereby, declare the following:

1. I understand the advisory and relevant orders issued by the Centre/State Government pertaining to COVID-19 pandemic and I will follow the necessary instructions like social distancing, face mask, sanitization etc.
2. During the last 14 days (please tick, wherever it is applicable to you)
 - a) I have the following flu-like symptoms:

| Sr. No. | Symptoms | YES | NO |
|---------|----------------------------|-----|----|
| 1 | Fever | | |
| 2 | Cough | | |
| 3 | Sore throat / Running Nose | | |
| 4 | Breathlessness | | |
| 5 | Body Ache | | |
| 6 | Others(Please specify) | | |

b)

| | | |
|---|-----|----|
| I have been in close contact with a confirmed case of Coronavirus in the last 14 days. ("Close contact" means being at a distance of less than one metre for more than 15 minutes.) | YES | NO |
|---|-----|----|

c) I am under mandatory quarantine : YES NO

3. My immediate family member has not come in close contact with a confirmed case of the COVID-19 in the last 14 days. ("Close contact" means being at a distance of less than one metre for more than 15 minutes.)

I certify that the above information given by me is true, accurate and complete. I am fully aware that in case, any of the above statements found incorrect/false, I shall be liable to face penal action as per the law of the land.

Date:

Signature