

PUNJAB WAKF BOARD

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 NOT 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.

Date :

Signature