

DECLARATION

I, _____ son/daughter of _____
resident of _____ bearing register number _____
do hereby declare the following:

1. I have read the instructions, guidelines and relevant orders from the Govt. of India pertaining to COVID-19 pandemic and I agree to abide by the same.
2. I have in the last 14 days (please write Yes/No, wherever applicable):
 - a. the following flu-like symptoms:
Fever (Yes/No)
Breathlessness (Yes/No)
Sore Throat/Runny Nose (Yes/No)
Cough: (Yes/No)
Body Ache (Yes/No)
Others (diarrhoea, headache, rashes etc.)Please Specify:
 - b. been in close contact with a confirmed case of Covid-19 ('Close contact" means being less than one-meter distance for more than 15 minutes) **(Yes/No)**
 - c. not been in close contact with a person suffering from COVID-19 and am NOT under mandatory quarantine (Yes/No)
 - d. Travelled via the following towns/cities/ country in the last 14 days prior to arriving at the campus. (strike out if not applicable)

	1 st city/town	2 nd city/town	3 rd city/town
Name of cities/country			
Date of arrival to Bengaluru			

3. I understand that the health and wellbeing of our Josephite community is very important; therefore, the college reserves the right to deny entry to its premises.
4. I have opted to appear for the examination and practical sessions in November, 2020 on campus with the consent of my parents.
5. I declare that the above information given by me is true to the best of my knowledge. After submitting this declaration, if I develop any of the symptoms mentioned above I will voluntarily quarantine myself and inform my mentor.

Candidate signature with date

Parent/guardian signature with
mobile number