



**Self health declaration form**

Name:

Roll No:

Class/Section:

Mobile No:

Email-id:

Address:

**I have declared that:**

I am not residing in any containment zone.

I am not suffering from any fever, cough or any respiratory distress

I am not under quarantine

If I ever develop any of the above mentioned symptoms I will immediately contact the concerned health authorities

I have not tested Covid-19 Positive in the last two months.

I am eligible to attend the classes.

I will make my mobile number/ contact details available to department whenever required by them.

I understand that if I undertake the classes without meeting the eligibility criteria, I would be liable to penal action.

I will adhere to the health protocol prescribed by the Institution/state/central government authorities.

**Signature of the student**

The above information is true to the best of my knowledge, and I am giving my consent for attending the class work physically/offline mode

**Signature of the Parent**

Note: Please bring a printout of this copy and submit to the respective counselors at the time of attending classes.