

Self-Declaration

We are concerned about your health, safety & hygiene. In the interest of your well-being and that of everyone at the venue, you are requested to declare if you have any of the below listed symptoms by using a ✓ (Yes, I have) or ✗ (No, I do not have).

Cough

Fever

Cold / Runny Nose

Breathing Problem

I'm certifying that I've NOT tested Positive for the Corona virus or identified as a potential carrier of the COVID-19 virus.

Candidate Name : _____

Candidate Roll No : _____

Date of Examination : _____

Exam Center Name : _____

Signature of Candidate _____