

Personal Details

Name of Student	
Class & Section	
Admission No.	
Father's Name	
Contact No.	

Self-Declaration Form related to Covid-19

Has your ward had this symptoms in the last month?	Response	If Yes, Give reason and Current Status
Fever	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Cough	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Runny Nose	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Sore throat	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Lost sense of smell and / or taste	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Breathing Difficulty	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have your ward or any family member tested positive for COVID-19 at any time in the last one month/30 days	<input type="checkbox"/> Yes <input type="checkbox"/> No	

I hereby declare that the information provided above given by me regarding my ward is true to my knowledge and I have not misrepresented any information.

Undertaking

My ward has my due permission and consent to attend offline classes within the school campus. I assure that my ward will follow all the safety protocols and hygiene measures, within and outside the school campus.

Signature of the Parent (Father and Mother)

Date: