


Roll Number:	2603007311	Application Number:	210410522644
Candidate's Name :	NANDINI KUMARI	Father's Name	UDAY SHANKAR OJHA
Gender :	Female	Date of Birth :	30-06-2001
Category :	GENERAL	Person With Disability (PwD):	NO
Scribe :	NA		



2603007311



Candidate's Signature



Candidate's Photograph

Test Details	
Question Paper Medium	English
Date of Examination	12.09.2021 (Sunday)
Reporting / Entry Time at Centre	12.20PM (IST)
Gate Closing Time of Centre	01.30PM (IST)
Timing of Test	02.00PM to 05.00PM (IST)
Test Centre No	2603007
Test Centre Name	GURU NANAK HR SEC SCHOOL P P CMPD RANCHI JH
Test Centre Address (Venue of Test)	GURU NANAK PURA,P P COMPOUND, PEE PEE COMPOUND, NEAR SUJATA CINEMA, RANCHI, JHARKHAND, 834001


SENIOR DIRECTOR(NTA)

SELF DECLARATION (UNDERTAKING)

I, **NANDINI KUMARI**, resident of **OJHA SADAN BASUDEV OJHA MARG PISKA MORE RANCHI JHARKHAND OJHA MARKET RANCHI RANCHI JHARKHAND 834005**, do hereby, declare the following:

1. That, I have read the Instructions, Guidelines and relevant orders of the Govt. of India pertaining to COVID-19 pandemic. I have read Information Bulletin, Instructions and Notices related to this examination available on the website <https://neet.nta.nic.in> and www.nta.ac.in

2. I have in the last 14 days(please tick, wherever it is applicable to you, otherwise leave blank):

a) the following flu-like symptoms:

- | | | | |
|----------------|--------------------------|-----------------------------|--------------------------|
| Fever: | <input type="checkbox"/> | Sore throat/runny Nose | <input type="checkbox"/> |
| Cough: | <input type="checkbox"/> | Body ache: | <input type="checkbox"/> |
| Breathlessness | <input type="checkbox"/> | Other Please Specify: _____ | <input type="checkbox"/> |

b) been in close contact with a confirmed case of the COVID-19.('Close contact' means being at less than one meter for more than 15 minutes.) ☐

c) not been in close contact with a person suffering from COVID-19 and am NOT under mandatory quarantine. ☐

d) travelled the following cities/ country in the last 14 days prior to arriving at the Centre. ☐

	1st City	2nd City	3rd City	4th City
Name of Cities/Country				
Date of Arrival in Centre City				

3. The health and well-being of our community is our first priority; therefore the Centre reserves the right to deny entry to its premises.

4. I/we have read the detailed "IMPORTANT INSTRUCTIONS for CANDIDATES" as given on Page-3 and "ADVISORY for CANDIDATES REGARDING COVID-19" on Page-4 and I/we undertake to abide by the same.

Candidate's Photo (Same as uploaded on Application Form to be pasted before reaching the centre)	Candidate's left hand thumb impression(To be put on the Day of Examination, in presence of Invigilator only)	Candidate's Parent Signature
		Candidate Signature(To be signed on the Day of Examination, in presence of Invigilator only)

The above undertaking has to be filled in advance before reaching the Centre except candidate Signature and Left - Hand Thumb impression which has to be done in the presence of Invigilator.