



SELF-DECLARATION BY HOME QUARANTINED PERSON

(to be filled after completion of 14 days home quarantine period)

NAME:1.

2.

3.

ADDRESS:

MOBILE NO.

DATE OF RETURN FROM FOREIGN COUNTRY/CONTACT WITH COVID 19 AFFECTED PERSON

I hereby declare that I/We have completed mandatory home quarantine period of 14 days on.....and I/We have not developed any symptoms of COVID 19 such as fever, cough, sore throat, shortness of breath etc during this period, nor have I/We come in contact with any COVID 19 affected person during this period.

Therefore, it is requested to remove the “COVID 19-HOME UNDER QUARANTINE” notice displayed at my house by Municipal Corporation, Gurugram.

Signature of the quarantined person(s)

Note: The above declaration, duly signed by the quarantined person(s) may be sent to Municipal Corporation, Gurugram via email atrwa.covid@mcg.gov.in