**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 19such 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**