



تصريح عودة مقيم خارج الدولة

Return Permit for Resident outside UAE

| | | |
|------------------------------|----------------|----------------------------------|
| File No: | 20120152698991 | رقم الملف: |
| File Expiry Date: | 2022-01-17 | تاريخ انتهاء الملف: |
| Return Permit Approval Date: | 2021-08-12 | تاريخ الموافقة على تصريح العودة: |
| Return Permit Expiry Date: | 2021-09-10 | تاريخ انتهاء تصريح العودة: |

Personal Information

البيانات الشخصية

| | | | |
|------------------|-------------------------------------|-------------|---------------------------------|
| Name: | ANKIT PANDEY JAGDAMBA PRASAD PANDEY | الاسم: | انكيت باندي جعدامبا برساد باندي |
| Nationality: | INDIA | الجنسية: | الهند |
| Profession: | COMPUTER ENGINEER | المهنة: | مهندس كمبيوتر |
| Passport Number: | T8189217 | رقم الجواز: | |

Sponsor Information

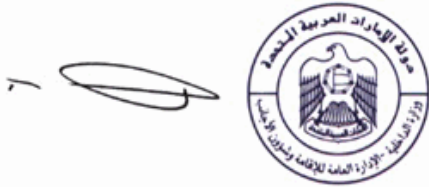
بيانات الكفيل

| | | | |
|---------------|---|-------------|--|
| Sponsor Name: | ALL NET COMPUTER SOFTWARE TRADING (L.L.C) | اسم الكفيل: | اول نت لتجارة نظم الحاسب الالى (ش.ذ.م.م) |
|---------------|---|-------------|--|

| | | | | | |
|----------|----------|------------|-----------------------------|-------|-------------|
| File No: | 21269843 | رقم الملف: | Sponsor Type: Establishment | منشأة | سمة الكفيل: |
|----------|----------|------------|-----------------------------|-------|-------------|

| | |
|--|---|
| I, the undersigned, undertake to bear the expenses of quarantine, treatment and all expenses incurred if I am infected by COVID -19 disease during the 14-day period from the date of entry. | أتعهد بتحمل مصاريف الحجر الصحي والعلاج وكافة النفقات المترتبة في حالة الإصابة بمرض كوفيد 19 خلال فترة 14 يوم من تاريخ الدخول. |
|--|---|

اعتماد الإدارة العامة للإقامة وشؤون الأجانب - دبي





To protect your health, public health officers need you to complete this form. Your information would help public health officers to contact you if you were exposed to a communicable disease. It is important to fill out this form completely and accurately. Your information is intended to be held in accordance with applicable laws and used only for public health purposes.

WRITE CLEARLY AND IN BLOCK LETTERS

PERSONAL DATA

First Name: _____ Surname: _____
Nationality: _____ Gender: _____
DOB: _____ Emirates ID/Passport: _____
Flight Number: _____ Seat Number: _____
Depart From: _____ Final Destination: _____
Contact Number: _____

EMPLOYMENT DATA

Job Category: _____ Employer/place of work: _____
Employer address and contact details: _____

ACCOMODATION DATA

Address in the United Arab Emirates: _____

Do you live in:

- ☐ Villa ☐ Flat ☐ Hotel ☐ Apartment
☐ Shared Accomodation ☐ Staff Accomodation

If shared accommodation, how many people are living in the same accommodation:

If required, are you able to self-isolate?

- ☐ Yes ☐ No

If YES, please specify: _____

Do you have a separate toilet?

- ☐ Yes ☐ No

If self isolation is required, can you fund your stay in isolation? (minimum \$50 per day)

- ☐ Yes ☐ No

If NO, please specify: _____



MEDICAL DATA

Do you have any of the following flu like symptoms:

- ☐ Fever ☐ Cough ☐ Sore Throat
☐ Runny Nose ☐ Shortness of Breath

Others, please specify:

Do you have a chronic medical condition such as diabetes, hypertension, cancer, immune compromising disorder?

- ☐ Yes ☐ No

If YES, please specify: _____

Are you currently on any medication?

- ☐ Yes ☐ No

If YES, please specify: _____

Do you have anyone living with you who is above 60 years of age?

- ☐ Yes ☐ No

Do you have anyone living with you who is suffering from low immunity or chronic disease (diabetes, hypertension, cancer, etc.)

- ☐ Yes ☐ No

If YES, please specify: _____

Do you have health insurance?

- ☐ Yes ☐ No

AGREEMENT

I understand that this form will be used for public health matters, and I confirm that I have filled the information required accurately

Name: _____

Signature: _____

Date: _____