

Personal Information Declaration Form

DHRE/HC/SOP-10/F-07/V2

Name:	SUMIT MAHESHWARI	Job Title:	SENIOR SOFTWARE ENGINEER
Department:	DIGITAL ENGINEERING	Reports to:	ABHISHEK KUMAR
Staff ID:			
Currently resides in:	<input type="checkbox"/> A Villa <input checked="" type="checkbox"/> Apartment <input type="checkbox"/> Shared Accommodation		
Currently commute using:	<input type="checkbox"/> Own Car <input checked="" type="checkbox"/> Public Transportation <input type="checkbox"/> Share with colleague : specify colleague Name/Department : _____		

Medical Conditions: While you have been working from home:

Have you had fever and/or dry cough?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Have you experienced shortness of breath and fatigue / tiredness?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Have you had sore throat and/or headaches?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Have you recently visited a hospital/clinic for treatment or other purposes? If yes specify	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Have you recently visited any restricted areas by the government? If yes specify	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Other Information:

Please mark what applicable (mark if its applicable to yourself or if you are residing with one) and provide according a report from an approved health authority in the country where required:

If any of the above is applicable to you please specify, if it's for self or family member:

Pregnant	<input type="checkbox"/>
People of determination	<input type="checkbox"/>
People with chronic diseases, immune dysfunction and respiratory symptoms such as asthma and diabetes (A medical report is required)	<input type="checkbox"/>
Employees of the age group of 60 years and above	<input type="checkbox"/>
Female employees who take care of their children from the ninth grade in the third seminar or less (until the end of the year school)	<input type="checkbox"/>
Likewise, those who have children in foster care or care for them at home, whose health condition requires permanent care. (A medical report is required)	<input type="checkbox"/>
Employees who live with the groups most at risk of health hazards in the same residence and who are in close contact with them, such as the elderly or individuals above the age of 60, and people of determination, and those who suffer from chronic diseases or weak immunity. (A medical report is required)	<input type="checkbox"/>
Individuals who are residing in a shared accommodation (living with people other than family members) or using public transportation	<input type="checkbox"/>

By signing this document, I declare that:

The information given is complete and accurate. I will adhere to all the necessary precautionary measures that the company advises me to follow at all times.

Employee signature: *Sumit*

Date: 07-02-2024

- * Please continue to check the updated list of high-risk countries on WHO - COVID-19.
- * This document is in effect from 1st June 2020.

Sumit