

# MARIS ASSOCIATES PVT LTD

## SELF DECLARATION FORM

NAME: C. SOLAI RAJA

EMPLOYEE ID NO: 6342

UNIT: MAPL

1. I have symptoms like cold, fever.

a) Yes ☐ b) No ☒

If yes, for how many days?

2. I have visited to neighbor house in other state/ district from March 23, 2020 till today

a) Yes ☐ b) No ☒

Visited places -----

3. My family members have visited relative's house in other state/ district from March 23, 2020 till date.

a) Yes ☐ b) No ☒

4. My friend/ relative/ neighbor is affected by COVID-19.

a) Yes ☐ b) No ☒

If yes his/ her details -----

- ❖ I will not use tobacco, Gutka and cigarette within the company campus.
- ❖ I will not spit inside the company campus.
- ❖ I will definitely use face mask and hand sanitizers.
- ❖ I will follow social distancing without fail.
- ❖ I will keep myself and my surroundings clean.
- ❖ If I have symptoms like cold and fever I will inform to my higher officials immediately.
- ❖ I will follow the time restrictions for sure.
- ❖ I will not use mobile phones within the campus.
- ❖ Bottles for water and glasses for tea will be brought by me daily.

Moreover I am not belonging to a place that is restricted because of COVID-19 and I assure that I follow the rules and regulations without fail.

Date: 9/5/2020

Hereby



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After the assurance given by me in the personal notice on 09.05.2020 nobody from other state/ other district has come to my house and to my relative's house. If it happens I will inform this to my higher officials immediately. If people residing near my house has isolated I will inform and won't come for job. Incase of breach I assure that I will standby the Management's decision as final.

Date: 11/5/2020

Hereby





