

Self-declaration form

In view of the current COVID-19 pandemic, as per directions from Ministry of Health and Family Welfare, every employee/student is required to furnish the following details accurately:

- Have you done any foreign travel in the last one month? or Any contact with foreigners in the last two weeks? *Yes/No. If "Yes" then details e.g. country of travel, date of travel, length of stay / details like name and contact address etc.*
- Any contact with persons with COVID-19 or persons quarantined with suspicion of COVID-19? *Yes/No. If "Yes" then details like name and address*
- Your age: years
- Do you have pre-existing chronic conditions?
 - Diabetes *Yes/No. If "Yes" then details.....*
 - High Blood Pressure *Yes/No. If "Yes" then details.....*
 - Asthma or COPD *Yes/No. If "Yes" then details.....*
 - Others (specify):
- Do you have:
 - Fever. *Yes/No. If "Yes" then details.....*
 - Cough and Cold. *Yes/No. If "Yes" then details.....*
 - Sore throat *Yes/No. If "Yes" then details.....*
 - Difficulty in breathing *Yes/No. If "Yes" then details.....*
 - Body pains and malaise. *Yes/No. If "Yes" then details.....*
 - Vomiting/Loose motions. *Yes/No. If "Yes" then details.....*
 - Rash. *Yes/No. If "Yes" then details.....*
- Details of Family members (including details of any chronic diseases listed above)
- Have you downloaded **AarogyaSetu**?
 - Is the Bluetooth/GPS on more than 95%?
 - Does it show "Safe" or "Unsafe"
- Which Zone are you in? (Green, Orange, Red)

I confirm that the above information is correct, and I shall be held liable for supplying false information.

Name

Address

Contact number(s)

Date and Time

I hereby give my consent for my ward to join GLA University Hostel and start face to face classes. In the unlikely event of my ward requiring admission in hospital for COVID-19, my preference is:

- Government Hospital
- K D Medical College
- Nayati Hospital Mathura

Signature of Parent/Guardian
Mobile No.: