

Annexure - A

**SELF DECLARATION**

(Duly filled Self-Declaration form to be submitted to the invigilator/centre staff)

In the interest of your well-being and that of everyone at the venue. I declare the following:

1. I am not experiencing any of the below issues/symptoms:

- Fever                       Sore throat/Runny Nose                       Cough/Runny Nose   
Body/Chest pain                       Breathlessness

2. I have not been in closed contact with a person suffering from Covid-19

3. I am not under mandatory quarantine   
(Due to close contact with a person suffering with Covid-19)

Candidate Name	
Membership No.	
Subject/Module Name.	
Date/Time of Exam	
Name of the Exam Centre/Venue	
Exam City	

I may be subject to legal provisioning's/action's as applicable for hiding any facts on Covid-19 infections related to me and causing health hazards to others.

I acknowledge that the information given above is accurate, complete and to the best of my knowledge.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Mobile no.: