

Dear Students,

We are concerned about your health, safety & hygiene. In the interest of your well-being and that of everyone at the venue, you are requested to declare if you have any of the below listed symptoms (Yes : I have, No : I do not have).

Self – Declaration by the Candidates

Cough ----- Yes / No Fever ----- Yes / No
Cold / Running Nose ----- Yes/No Breathing Problem ----- Yes / No

I herewith certify that I am NOT tested Positive for the Corona virus nor identified as a potential carrier of the COVID-19.

Candidate Name : _____

Candidate Hall Ticket No. : _____

Date of Exam : _____

Examination Center Name: _____

Signature of Candidate: _____

Date : _____

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