

Annexure – 1

Employees Self Declaration

Name		Contact Number		Location
S.No	Details	YES	NO	Remarks
1	I Had cough / cold / high temperature in the last 15 days			
2	I Had recently Travelled through Flight /by Train for long hours (more than 6 hrs) in the last 30 days			
3	I am coming from COVID 19 affected Zone / Place			
4	I have accompanied foreigners with me in the last 30 days			
5	Did any of my friends / family members / relatives had COVID 19 Symptoms recently?			
6	Did I had any contact with persons with COVID 19 Symptoms?			
7	Am i travelling every day to reach office by Public Transports?			

I hereby declare that the above information are true the best of my knowledge.

I pledge to ensure that I follow all the instructions / preventive measures given by our government

to protect **SELF** as well as **OTHERS**.

Signature of an employee	
Date	
Signature of Name / Person who verified and received at Security Gate	