



**Sher-e-Kashmir University of Agricultural Sciences
and Technology of Jammu**

SELF DECELERATION FORM

All the employees coming from outside the Jammu district are requested to fill-up this proforma for providing the following information to safeguard their own health:

Personal Information :

<ul style="list-style-type: none"> • Name of the employee • Fathers' name • Address 	<p>Village: Tehsil District</p>
<ul style="list-style-type: none"> • Contact No(s) : 	<p>Mobile No:</p> <p>Alternate number :</p> <p>Email ID: :</p>
<ul style="list-style-type: none"> • Have you visited any other District/State within India or foreign county (during lockdown): 	<p style="text-align: center;">Yes/No</p> <p>If Yes, please reply the following (s) :</p>
<ul style="list-style-type: none"> • Name of the district/State/ country/city (s) • Period & Duration of the visit : 	
<ul style="list-style-type: none"> • Have you come contact of any person suffering from Fever and Cough: 	<p style="text-align: center;">Yes/No</p> <p>If Yes, pl share name/contact No/ Address</p> <p>.....</p>
<ul style="list-style-type: none"> • Visited any health facility in affected areas: • Are you coming from containment zone/ red 	<p style="text-align: center;">Yes/No</p>
<p>6. Are you suffering from any of the following symptoms **::</p>	<ul style="list-style-type: none"> • Fever : Yes/No • Cough : Yes/No • Respiratory distress : Yes/No

Signature of the employee with date

** If answer to any of the above questions is "Yes.", please present yourself to Medical Officer of the University for preliminary screening.

I own the responsibility of above submitted my SELF REPORTING / Declaration details and shall inform the authorities immediately on appearance of any of the above symptoms **, as in the point no. 06

Signature of the employee with date

Forwarded to Chairman of COVID-19 committee.

Signature of the Controlling Officer with date

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