

SELF DECLARATION FORM



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

SELF REPORTING FORM

All /staff/students who have visited any foreign country / neighbouring states are requested to fill-up this proforma for providing the following information to safeguard your own health :

Personal Information :

1. Name of the staff member/ student :

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2. Fathers name :

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3. Address :

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4. Contact No(s) :

Mobile No:

Alternate number :

Email ID: :

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5. Have you visited any other State within India or foreign county (during lockdown): **Yes/No**

If Yes, please reply the following (s) :

a) Name of the country/city (s) :

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b) Period & Duration of the visit :

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c) Have you come contact of any person suffering from Fever and Cough:

Yes/No:

If Yes, pl share name/contact No/Address.....

d) Visited any health facility in affected areas: **Yes/No**

6. Are you suffering from any of the following symptoms **:

- i) Fever : Yes/No
- ii) Cough : Yes/No
- iii) Respiratory distress : Yes/No

Signature of the staff member / student with date

- **If answer to any of the above question is "Yes", consider them as close contact.**

**** 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 staff member / student with date

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