

# SELF DECLARATION FORM



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

## SELF REPORTING FORM

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

### Personal Information of the visitors:

1. Name of the visitor : .....

2. Fathers name of the visitor : .....

3. Address : .....

: .....

: .....

4. Contact No: : Mobile No: .....

Email ID: : .....

5. Have you visited any other State within India or foreign county (last 28 days): **Yes/No**

If Yes, please reply the following:

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

b) Period & Duration of the visit : .....

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 countries: **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 Visitor

• 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.