

DECLARATION FORM

1. I _____, Father/Mother of Cadet _____
Roll No _____ declare that my child is physically fit and is ready to join the school. During his stay in Sainik School, Amaravathinagar, he will follow all the safety measures promulgated by the school.

2. Have you or an immediate family member come in close contact with a confirmed case of the corona virus in the last 14 days? ("Close contact" means being at a distance of less than one meter, for more than 15 minutes.)

Yes	No

3. Details of your ward

- (a) Name _____
- (b) Class and Section _____
- (c) Roll Number _____
- (d) House _____

4. Recent travel history

- (a) Did you/your ward travel to any other country recently _____ YES/NO
- (b) Did you/your ward travel to any declared red zone in the country _____ YES/NO
- (c) Whether you are coming from a declared red/containment zone _____ YES/NO

5. Your contact details:

- (a) Address _____
- (b) Contact Number _____
- (c) E-mail _____

6. Status in Aarogya Setu App – GREEN / RED / CONTAINMENT ZONE

7. I confirm that I haven't been diagnosed with Coronavirus (COVID-19).

8. I hereby acknowledge that the information furnished above is true to the best of my belief and knowledge.

9. If any information is found to be incorrect, action may be taken under the Epidemic act or disaster management act or relevant orders.

10. Has your Ward (Name.....) mentioned at Serial No 3, come in close contact with a confirmed case of the corona virus in the last 14 days? (“Close contact” means being at a distance of less than one meter, for more than 15 minutes.)

Yes	No

11. Does your ward mentioned at Serial No 3, have any of the following?

Fever	Yes	No
Cough	Yes	No
Sore Throat	Yes	No
Breathlessness	Yes	No
Other: Please Specify		

12. Please specify the place from where you are reporting the school:

_____, Tehsil _____, Dist. _____,
State _____.

13. I hereby declare that my ward named _____ do not have any medical conditions related to COVID that can endanger my ward _____ or any other student or staff of Sainik School Amaravathinagar that he may come in contact with.

Name _____

Signature _____

Date _____