

उत्तर पूर्वी अंतरिक्ष उपयोग केंद्र
North Eastern Space Applications Centre (NESAC)
उमियम/Umiam – 793103, मेघालय/Meghalaya

COVID-19 DECLARATION TO BE SUBMITTED BY CANDIDATES APPEARING FOR WALK IN INTERVIEW
[for selection to the position of JRF at North Eastern Space Applications Centre(NESAC)]
(to be filled in and submitted at the entry gate/ Invigilator at the time of reporting on _____)

1	Name	
2	Roll No	
3	Residential Address as provided in the Application form.	
4	Contact Number	Residential :
		Mobile :
5	e-mail ID	
6	Complete address (with ward name and number) where you have resided/have been residing for the past one month.	
7	Mode of transport to Examination Centre (road travel by private vehicles is advisable to ensure more safety)	
8	Details of declaration of your place of residence as Containment/Red Zone, if applicable, by the government.	
9	Details of attending any social function recently.	
10	Details of any COVID-19 cases reported in your residential area.	
11	Details of family members who are working in the health care sector/as Covid19 volunteer and staying with you.	
12	Details of family members who have returned from abroad/other states recently and staying with you.	
13	Details of family members who have undergone quarantine recently and staying with you.	
14	Details of quarantine, if any, undergone by you	
15	Are you suffering from (1) Cough (2) Cold (3) Fever or (4) Difficulty in breathing	Yes/No Yes/No Yes/No Yes/No
	If yes, since how long?	----- months ----- days
16	Details of medical treatment, if any, availed by you or your family members for the above symptoms during the last one month.	Yes/No
17	Any other relevant information	
18	COVID-19 Vaccination Status (please enclose certificate)	Single Dose : OR Double Dose :

I hereby declare that I regularly monitor the status in **AAROGYA SETU** and all the above submitted information is true to the best of my knowledge. I also declare that I will strictly follow all the precautionary measures viz., proper wearing of face masks/face shields, hand and respiratory hygiene, social distancing etc., prescribed for prevention of spread of COVID19 all the time.

Date:

Signature of the candidate

Place: