

Alternative Energy Promotion Center

Covid- 19

SELF DECLARATION FORM

Full name: Age: Gender:

Current Contact Address:

District: Municipality/ GaunPalika: Ward No:

Mobile Number: Email:

COVID- 19 Vaccination Status (Please tick appropriate)

I am not vaccinated against COVID- 19

I am vaccinated against COVID- 19

First Dose If yes, Date of Vaccination (First Dose)

Second Dose If yes, Date of Vaccination (Second Dose)

Present Status of COVID-19 (Please tick appropriate)

I am tested COVID Positive

I have no COVID symptoms

I have following COVID symptoms

Fever

Loss of Taste

Body Ache

Cough

Loss of Smell

Severe Weakness

1. I shall strictly follow the public health measures (SMS) before, during, and after the exam. म परीक्षा अघि, परीक्षाको समयमा र परीक्षा पछि जनस्वरूपका उपायहरू (सामाजिक दूरि, मास्क र स्यानिटाइजर प्रयोग कडाईका साथ पालन गर्नेछु।
2. I shall inform the relevant authorities in case I have any symptoms of COVID-19 before or after exams. परीक्षाको अघि वा पछि कोभिड-१९ को कुनै लक्षण देखा परेको खण्डमा मैले सम्बन्धित अधिकारीलाई सूचित गर्नेछु।
3. I hereby agree and declare that the above-mentioned information to be correct. सहमतिका साथ म माथि उल्लेखित जानकारी सही छ भनेर घोषणा गर्दछु।

Signature