



# National Institute of Science Education and Research Bhubaneswar

## Self-declaration for coming to NISER campus during - COVID19 lockdown

As the coronavirus disease 2019 (COVID-19) outbreak continues to evolve and spread globally, to prevent the spread of COVID-19 and reduce the potential risk of exposure to any NISER members, we are conducting a simple screening questionnaire for all visitors coming to NISER. Your participation is important to help us take precautionary measures to protect you and everyone else around. Thank you for your time.

(A copy of this form must be provided by **each individual** wishing to enter the NISER campus, including any accompanying person of the candidate)

1	Full Name	
2	Purpose of your visit to NISER (PhD interview candidate, accompanying person etc.)	
3	NISER School you are visiting	
4	Proposed Date& time of arrival at NISER	
5	Do you currently have any of following flu-like symptoms?	Please write YES/NO
	Fever	
	Cough	
	Breathlessness	
	Sore throat	
	Others: Please specify	
6	If YES to any above, date when the symptoms started	
7	If YES, describe treatment taken	
8	Where will you travel to NISER from?	
	Place	
	District	
	State	
	PIN	
9	What mode/s of transport did you take to come to NISER?	
10	Duration of your journey to NISER (From-date, time; To - date, time)	
11	Have you or an immediate family member come in close contact with, or cared for a confirmed case of COVID?	
	If YES, date, duration	
12	Have you come in close contact or cared for anyone with flu like symptoms in the last one month?	
13	If YES, date, duration	
14	Any other illness that you have at present	
15	Any medications that you are taking at present	

**Undertakings by the individual**

- I I do hereby state that the above information given are true to the best of my knowledge and I am aware that NISER may take appropriate action if any falsification is found.
- II I do hereby undertake to follow all COVID related regulations of hygiene and social distancing, and adhere to instructions given by NISER authority while at NISER

**Signature, Date:**

**Mobile Number:**

**Undertaking by parent/guardian**

I hereby state that the above person is travelling to NISER during the COVID lockdown period with my knowledge.

***Name and Signature with Date of Guardian/ Emergency contact (for student/candidate, if Guardian other than Parent, state relationship):***

***Contact Number:***

- ***This document will be retained confidentially by NISER for three months after submission. The health and wellbeing of our community is our first priority, therefore NISER reserves the right to deny entry to the campus in extreme and unavoidable cases.***

**DO NOT FILL BELOW THIS LINE! TO BE FILLED AT THE NISER GATE BY OFFICAL PERSONNEL**

Temperature:

Time:

Date: