

COVID-19 SELF DECLARATION FOR APPEARING IN EXAMINATIONS
CONDUCTED BY THE CENTRAL POWER RESEARCH INSTITUTE

Name of the Candidate: _____

Roll No. of the Candidate: _____

Father's / Husband's Name: _____

Self-Declaration (Undertaking) to be filled in by the candidate

I _____ Father's/Husband's
Name _____ resident of
_____, do hereby declare the following
(please tick, wherever it is applicable to you, otherwise leave blank):

1. I have not been suffering from flu-like symptoms of fever, cough, breathlessness, sore throat/ runny nose, body ache in the last 14 days
2. I have not been in close contact with a confirmed case of the COVID-19 and am not under mandatory quarantine
3. I have been vaccinated with **1st dose** / **2nd dose** /
(√ Tick which ever applicable)
Not vaccinated

I am aware of the **instructions, notices** and **SOP for COVID-19 prevention** issued by appropriate authorities' from time to time and undertake to follow them.

Candidate's Signature

Date: