

-: DECLARATION FORM: -

I _____ Student of _____
College / Institute/ Department. Here by declare as per best of my medical Knowledge
and belief that I have not any type of symptoms of SARI (Cough, Common Cold, Fever,
Respiratory distress etc.) since last 10 days. I also follow all preventive COVID – 19
guidelines provided by Government of Gujarat.

Place: - _____

Date: - _____

Signature: - _____

Name of examination: - _____

Branch / Subject: - _____

Year / Semester: - _____

Seat No.: - _____

Mobile No.: - _____