

CENTRE FOR DEVELOPMENT OF IMAGING TECHNOLOGY (C-DIT)

Chitranjali Hills, Thiruvallam P.O., Thiruvananthapuram – 695 027

SELF – DECLARATION

We are concerned about your health, safety & hygiene. In the interest of your well-being and that of everyone at the venue, you are requested to declare if you have any of the below listed symptoms by using a v (Yes, I have) or X (No, I do not have).

Cough Fever Body Ache

Sore Throat Breathing Problem Other (specify)

I certify that I've NOT recently tested positive for COVID-19 or identified as a potential carrier of the COVID-19

I have NOT been in close contact with a person suffering from COVID-19

I am not under mandatory quarantine

Candidate Name:

Name of Post:

Roll No:

Date of Interview:

Venue:

Signature of Candidate: