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 Kathmandu Upatyaka Khanepani Limited

Main office
Tripureshwor, Kathmandu

COVID-19 Self Declaration Form

Name:
Age in years:
Gender:

Current (Contact) Address:
District: Municipality/Gaun Palika: Ward No.:
Mobile Number: Email:

COVID-19 Vaccination status (Please select as appropriate)

󠇀 I am not vaccinated against COVID 19
󠇀 I am vaccinated against COVID 19
 󠇀 First Dose If yes, Date of vaccination (First dose) in yyyy-mm-dd format:
 󠇀 Second Dose If yes, Date of vaccination (Second dose) in yyyy-mm-dd format:

Present Status of COVID-19 (Please select as appropriate)

󠇀 I am tested COVID positive
󠇀 I have no COVID symptoms
󠇀 I have following COVID symptoms

󠇀 Fever
󠇀 Cough
󠇀 󠇀Loss of Taste
󠇀 Loss of Smell
󠇀 Body Ache
󠇀 Severe Weakness

1. I shall strictly follow the public health measures (SMS) before, during, and after the exam.
2. I shall inform the relevant authorities in case I have any symptoms of COVID-19 before or after exams.
3. I hereby agree and declare that the above-mentioned information to be correct.

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Signature

* Please submit this form within 72 hours before the examination date.
* Kindly submit this form to: **olidipendra123@gmail.com**