

SELF DECLARATION CERTIFICATE

1. I, Mr/Mrs/Miss_____S/D/O_____

_____certify to the best of my knowledge that I have not come in contact with any COVID-19 (Corona Virus) affected persons and not travelled to any foreign country in last one month.

2. I also certify that, I do not possess fever over / cough which are the basic symptoms of COVID-19(Corona Virus).

Place:

Date:

Name & Signature of the trainee

Note: It is mandatory for all trainees to bring this self certificate duly signed.