



Civil Aviation Authority of Nepal

COVID-19 SELF DECLARATION FORM

Candidate ID Roll Number :.....

Full Name Gender:

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

Mobile No:..... 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: Sneezing/Runny Nose:
- Loss Of Taste: Loss Of Smell: Diarrhea:
- Body Ache: Severe Weakness:

1.I shall strictly follow the public health measures (SMS) before, during, and after the exam.

म परीक्षा अघि, परीक्षाको समयमा र परीक्षा पछि जनस्वास्थ्यका उपायहरू (सामाजिक दूरि, मास्क र स्यानिटाइजर प्रयोग) कडाईका साथ पालन गर्नेछु ।

2.I shall inform the relevant authorities in case I have any symptoms of COVID-19 before or after exams.

परीक्षाको अघि वा पछि कोभिड-१९ को कुनै लक्षण देखा परेको खण्डमा मैले सम्बन्धित अधिकारीलाई सूचित गर्नेछु ।

3.I hereby agree and declare that the above-mentioned information to be correct.

सहमतिका साथ म माथि उल्लेखित जानकारी सही छ भनेर घोषणा गर्दछु

Signature