

**-: DECLARATION FORM :-**

I \_\_\_\_\_ student of \_\_\_\_\_

College/Institute/Department hereby 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 follows all preventive COVID-19 guidelines provided by Government of Gujarat.

Place :		Signature :	
Date :		Name of Examination :	
		Branch / Subject :	
		Year / Semester :	
		Seat No. :	
		Mobile No. :	