

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 ✓ (Yes, I have) or ✕ (No, I do not have).

Cough

Fever

Sore Throat/Runny Nose

Breathing Problem

Body Ache

- I have NOT been in close contact with a person suffering from Covid 19 and am NOT under mandatory quarantine.
- I may be subject to legal provision/action as applicable for hiding any facts on Covid 19 infections related to me and causing health hazard to others.
- I am aware that Baroda UP Bank has taken measures as per advisories of Government of India related to norms of social distancing and sanitization.
- I'm certifying that I've NOT tested Positive for the Coronavirus or identified as a potential carrier of the COVID-19 virus.

Candidate Name :

Candidate Roll No :

Date of Joining :

Signature of Candidate _____