

GOVT. P.G. COLLEGE FOR WOMEN, ROHTAK
SELF DECLARATION FORM

Date:-.....

NAME :-

FATHER'S NAME:-

CLASS:-

ROLL No:-

MOBILE No:-

Have you got yourself tested for COVID-19

Yes

No

Report of the Test

Negative

Positive

Have you travelled Internationally or interstate in last 25-45 days

Yes

No

I hereby declare that the information given by me is true

Signature of the Candidate

Allow my ward to attend the College

Signature of the Parents