

SELF DECLARATION

I hereby declare that no one in my family or in close contact has been tested positive of COVID – 19 recently. I also assure that if any symptoms of COVID – 19 appear in my family or in close contacts, I will intimate the School authorities and will not send my ward to the School.

Name of student _____

Father's Name _____

Mother's Name _____

Class _____

Admission No. _____

Signature _____

(Parent /Guardian)

Date _____