



CHAITANYA BHARATHI INSTITUTE OF TECHNOLOGY (A)

Academic & Examination Cell

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 **(Yes: I have, No : I do not have)**.

Cough	Yes / No	Fever	Yes / No
Cold/ Runny Nose	Yes / No	Breathing Problem	Yes / No

I herewith certify that I am **NOT tested Positive for the CORONA VIRUS** nor identified as potential carrier of the **COVID-19**.

Candidate Name : _____

Branch Name : _____

Candidate Hall Ticket No. : _____

Date of Examination : _____ **(FN/ AN)** _____

Signature of Candidate : _____ **& Date:** _____