VASAVI COLLEGE OF ENGINEERING, HYD-31

Office Copy

Dear Students,

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).

Self – Declaration by the Candidates

Cough ---- Yes/No Fever .... Yes/No
Cold / Running Nose --- Yes/No Breathing Problem .... Yes/No

I herewith certify that I have NOT tested Positive for the Corona Virus nor identified as a potential carrier of the COVID-19.

Candidate Name : _____

_____

Candidate Hall Ticket No. : _____

Date of Exam : _____

Examination Centre Name : _____

Signature of Candidate : _____

Date : _____

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