

## HEALTH DECLARATION

1. Date of arrival: \_\_\_\_\_
2. Flight no. : \_\_\_\_\_
3. Seat Number: \_\_\_\_\_
4. Full Name: \_\_\_\_\_
5. Nationality: \_\_\_\_\_
6. Passport Number: \_\_\_\_\_
7. E-mail: \_\_\_\_\_
8. Complete address of stay in India: \_\_\_\_\_  
\_\_\_\_\_
9. Contact Number: \_\_\_\_\_
10. Alternate Contact Number: \_\_\_\_\_
11. Countries visited in last 15 days (including transit):

| S. No. | NAME OF COUNTRY | DATE OF ENTRY | DATE OF EXIT |
|--------|-----------------|---------------|--------------|
| 1      |                 |               |              |
| 2      |                 |               |              |
| 3      |                 |               |              |
| 4      |                 |               |              |
| 5      |                 |               |              |
| 6      |                 |               |              |
| 7      |                 |               |              |

The information furnished above is true and to the best of my knowledge and I am liable for action in case the information is found to be incorrect.

Signature \_\_\_\_\_

Full Name \_\_\_\_\_