

## SELF-DECLARATION

(Updated on: January 10, 2022)

(Kindly print, fill it, sign it, bring on the day of examination, and submit at examination venue)

I, Mr. / Ms. \_\_\_\_\_ is bonafide candidate appearing for the written examination for the position of \_\_\_\_\_ at IISER Pune.

Please tick below listed symptoms if you are carrying by using  to say Yes or  to say No:

- |                       |                          |
|-----------------------|--------------------------|
| Cough                 | <input type="checkbox"/> |
| Fever                 | <input type="checkbox"/> |
| Sore Throat           | <input type="checkbox"/> |
| Runny Nose D          | <input type="checkbox"/> |
| Breathing Problem     | <input type="checkbox"/> |
| Body Ache             | <input type="checkbox"/> |
| Chills                | <input type="checkbox"/> |
| Shortness of breath   | <input type="checkbox"/> |
| Loss of smell / taste | <input type="checkbox"/> |

\*I am residing in the containment zone – Yes / No

(Signature)

Application Registration No.: \_\_\_\_\_

Date: \_\_\_\_\_

[If answer is 'Yes' to any of the above, decision to permit or not to permit any of the candidates for written examination shall be taken by the IISER Pune Authority].

\* Such candidates to report at venue by 10.15 AM

### NOTE:

- 1) Individuals undergoing treatment for COVID-19 are not permitted to attend written examination
- 2) Individuals in close contact with a person suffering from COVID-19 and is under home / institutional quarantine as advised by the concerned healthcare authorities are not permitted to attend written examination