

**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 by using a ✓ (Yes, I have) or ✗ (No, I do not have).

- Cough
- Fever
- Sore Throat / Runny Nose
- Breathing Problem
- Body Ache

- I have NOT been in closed contact with a person suffering from Covid 19 and am NOT under mandatory quarantine
- I may be subject to legal provision/ action as applicable for hiding any facts on Covid 19 infections related to me and causing health hazard to others.
- I am aware IBPS has taken measures as per advisories of Government of India related to norms of social distancing and sanitization at the Examination Center.
- I'm asked to fill this Self-Declaration, since I do not have "Aarogya Setu" App on my mobile phone.
- I'm certifying that I've NOT tested Positive for the Coronavirus or identified as a potential carrier of the COVID-19 virus.

**Candidate Name** : \_\_\_\_\_  
**Candidate Roll No** : \_\_\_\_\_  
**Name of the Bank** : \_\_\_\_\_  
**Date of the Exam** : \_\_\_\_\_  
**Exam Center Name** : \_\_\_\_\_

**Signature of Candidate** \_\_\_\_\_

(In case candidate is availing the services of a scribe, same Form is to be filled by the Scribe also if scribe also does not have Aarogya Setu App on Mobile).