



Nepal Electricity Authority
Covid-19
Self Declaration Form

Candidate Information

Roll No:

Full Name:

Age:

Gender:

Mobile No:

Current (Contract) Address:

District:

(Rural) Municipality:

Ward No:

Covid -19 Vaccination Status(Please Select appropriate):

- I am not Vaccinated against COVID-19
- I am Vaccinated against COVID-19

First Dose Date:

Second Dose Date:

Present Status of Covid-19(Please Select appropriate):

- I am Tested COVID-19 Positive
- I Have no COVID-19 symptoms
- I Have Following symptoms

- Fever

- Loss of Taste

- Body Ache

- Loss of Smell

-Severe Weakness

-Diarrhea

-Sneezing/Runny nose

- Cough

१) म परीक्षा अघि,परीक्षाको समयमा र परीक्षा पछि जनस्वास्थ्यका उपायहरु(सामाजिक दुरी,मास्क र स्यानिटाइजर प्रयोग) कडाईका साथ पालन गर्नेछु ।

२) परीक्षाको अघि वा पछि कोभिड-१९ को कुनै लक्षण देखा परेको खण्डमा मैले सम्बन्धित अधिकारीलाई सूचित गर्नेछु।

३) सहमतिका साथ म माथि उल्लेखित जानकारी सही छ भनेर घोषणा गर्दछु ।

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Signature