

**SELF DECLARATION FORM TO BE FILLED BY ALL INTERNATIONAL PASSENGERS
(TO BE PRESENTED AT THE HEALTH & IMMIGRATION COUNTER)**

All persons coming to India are required to fill up the Proforma in duplicate & submitting a copy each to Health and Immigration Counter

Personal Information

1.	Name of the Passenger	
2.	Seat No.	
3.	Flight No.	
4.	Passport No.	
5.	Nationality	
6.	Age(in years)	
7.	Date of Arrival	
8.	Port of Origin of journey	
9.	Port of final destination	

Contact Address in India for All Travellers:

1.	House Number	
2.	Street/Village	
3.	Tehsil	
4.	District/City	
5.	State	
6.	PIN code.	
7.	Residence Number	
8.	Mobile Number * (mandatory field)	
9.	Email-ID	

(Part-A)

- a. Details of the cities/ countries visited in last 28 days _____
- b. Do you presently have any of the following symptoms:

Fever

Cough

Respiratory Distress

- Are you suffering from (Please indicate)-(Hypertension, Diabetes, Bronchial Asthma, Cancer, Under Immunosuppressive therapy, Post- Transplant patients or any other illness).

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- I am not suppressing any relevant/ material facts and all the above stated information is correct to the best of my knowledge. Non-disclosure/ suppression of information may attract penal provisions.
 - I undertake this journey at my own risk of contracting any disease including COVID 19 and Air India will not be liable for any costs incurred or damages suffered upon, either direct or indirect, as a result of or incidental to such illness and I release Air India from any liability of any kind arising there from. I shall follow Quarantine and/or any other instructions as prescribed by health authorities, at prescribed location, at my own cost on arrival at destination (14 days as prescribed currently).

Signature of the passenger

In case you develop symptoms such as fever and cough within 28 days of leaving this airport, restrict your outdoor movement and contact MoHFW'S 24 hours helpline number 011-23978046. Call operator will tell you whom to contact further, in the meanwhile keep yourself isolated in your house/room.