

**SUPREME COURT OF INDIA**

**SELF DECLARATION FORM**  
**(FOR ENTRANTS IN THE HIGH SECURITY ZONE)**

1. Have you travelled to a foreign country or to a notified area affected by COVID-19 during the last 15 days?

 Yes No

If yes, name the country/area : .....

2. Are you suffering from fever, cough and cold or similar symptoms?

 Yes No

3. Has any of your family member or person(s) whom you have met recently displayed aforesaid symptoms recently?

 Yes No

NAME :

CATEGORY :

Advocate  Litigant  Registry Staff  Govt. Emp.

Others..... (Please Specify)

ADDRESS :

.....  
.....

MOBILE NO. :

.....

**SIGNATURE**