



Ministry of Health and Family Welfare
Government of India

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).

- 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.

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.

Undertaking – Deportation Charges

I undertake to bear the entire cost of deportation including penalties if any levied on Air India, the cost of return air fare and the cost towards quarantine requirements if any in case I am refused admittance on arrival at the destination country.

Signature

Passenger Name:

Passport No:

Contact No:

Flight No:

Date:

Undertaking for Passengers Disembarking in Delhi

1. I agree to be quarantined in one of the facilities in Delhi, Delhi NCR or Haryana; or Bhiwadi or Chandigarh.
2. I will pay for my quarantine during the mandatory period of 14 days;
3. I will not insist on returning to my state of domicile, (if quarantined in Delhi) before completing the mandatory period of quarantine of 14 days;
4. After the quarantine period is over, I will return to my state of domicile, either by making my own arrangements or through the arrangements facilitated by the Resident Commissioner/ Nodal Officer of the concerned state.

Name

Signature

Passport No.

Flight No.