

The Institute of Chartered Accountants of Nepal

COVID-19

Self-Declaration Form

This COVID -19 Self Declaration Form should be submitted within 72 hours of the examination date

Candidate Information

Roll No.: _____

Full Name: _____ Age (in years) _____ Gender: _____

Current (Contact) Address

District: _____ (Rural) Municipality: _____ Ward No: _____

Mobile No: _____ Email Address _____

COVID-19 Vaccination Status *(Please put tick marks as appropriate)*

I am not vaccinated against COVID-19

I am vaccinated against COVID-19

First Dose if yes, Date of vaccination (first dose) _____

Second Dose if yes, Date of vaccination (second dose) _____

Present Status of COVID-19 *(Please put tick marks as appropriate)*

I am tested COVID Positive

I have no COVID Symptoms

I have following COVID Symptoms

Fever Body Ache diarrhoea Cough Severe Weakness

Loss of Smell Loss of Taste Sneezing/Runny Nose

1. I shall strictly follow the public health measures (SMS) before, during, and after the exam.
म परीक्षा अघि, परीक्षाको समयमा र परीक्षा पछि जनस्वास्थ्यका उपायहरू (सामाजिक दूरि, मास्क र स्यानिटाइजर प्रयोग) कडाईका साथ पालन गर्नेछु।
2. I shall inform the relevant authorities in case I have any symptoms of COVID-19 before or after exams.
परीक्षाको अघि वा पछि कोभिड – १९ को कुनै लक्षण देखि परेको खण्डमा मैले सम्बन्धित अधिकारीलाई सूचित गर्नेछु।
3. I hereby agree and declare that the above-mentioned information to be correct.
सहमतिका साथ म माथि उल्लेखित जानकारी सही छ भन घोषणा गर्दछु।

Signature