**Indian Institute of Science, Bangalore 560012**

**16 Oct 2020**

**Re-Entry Form for Faculties**

**Details to be submitted by faculty/Staff/while re-entering IISc campus during or after the lock down period**

|  |  |  |  |
| --- | --- | --- | --- |
| **Sr No** | **Details** | | |
| 1 | **Name of the staff** |  |
| 2 | **Department** |  |
| 3 | **Employee No** |  |
| 4 | **Mobile No** |  |
| 5 | **Current Residing address in IISc/Bangalore** |  |
|  | **Date of departure from IISc** |  |
|  | **Details of accompanying family members, if any** |  |
| 6 | **Arriving from city/town and full address**  **Mention Transit places/halt during travel**  **Ward**  **Whether your ward is in Red/Orange/green zone while departing** |  |
| 7 | **Date and time of arrival at IISc** |  |
|  | **Mode of transport** | Train No Name Coach/Seat  Flight No Carrier Seat no  Bus No Bus Name Seat No  Car/Taxi No Service |
| 8 | **History of Fever/flu like symptoms , cough, shortness of breath,** |  |
| **In case you and your family members tested for COVID during this period, you may furnish the detail with HC in a confidential manner** |  |
| **Are you 1st contact of a COVID positive patient** |  |
| 9 | **Have you downloaded**  **Arogya Setu App**  **GoCoronGo App** |  |
| 10 | **Travel history for last 6 months of you and your family members, if yes specify**  **India**  **Abroad** |  |
| 11 | **Any other informations** |  |

It is to certify that the above information furnished by me is true to best of my knowledge.

Date : Signature

Place : Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Designation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Undertaking**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Son / Daughter / Wife of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ resident of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ do hereby voluntarily undertake tomonitor my health and those around me and interact with the assigned surveillance team / with the call centre (14410) in case, I suffer from any symptoms or any of my close family contacts develops any symptoms of COVID-19. I am liable to be acted on under the prescribed law (National Distaster Management Act 2005, Epidemic Disease Act 1897, Indian Penal Code 1860 etc) for any non-adherence to self-reporting protocol.

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobile No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_