

**SELF DECLARATION FORM FOR STAFF AND DEPENDENTS**

I,....., a staff member in the Department of ....., IISc, fully understand that KRVH/CVH, IISc is an isolation facility and not a COVID CARE CENTER. I have been given the choice of getting admitted/admitting my dependent in a COVID CARE CENTER/COVID CARE HOSPITAL. However, at this point I have voluntarily decided to stay in isolation/keep my dependent isolated in the above-mentioned premise. I will take full responsibility for self-monitoring as per GoK protocol for home isolation. If found violating the protocol, I will be held accountable. I will not hold the Institute responsible for any untoward medical complications that develop during my stay in the above-mentioned facilities.

Signature of the Staff,

.....

Reference –GoK advisory on Home isolation dated 10 th August 2020.