

**PASSENGER DETAILS FORM COVID - 19**

**INSTRUCTIONS :- BLOCK LETTERS ONLY**

Date of collection :- ...../...../.....

Passenger Name :-.....  
.....

Date of Birth :- ...../...../..... Gender :- ..... Mobile Number :- .....

Any other contact details :- .....

Email ID :- .....

Nationality :- .....

**Passport / Aadhar Number (any) :-.....**

Address (current living address) :- .....

.....

Pincode :- ..... State :- .....

**Details of Journey**

Arrived from :- ..... Flight no :-.....

Destination City :- ..... Connecting Flight no :-.....

**Vaccination Details**

Name of vaccine :-..... Dose 1 Date :- ...../...../..... Dose 2 Date :- ...../...../.....

**Other Details :- .....**

**Mode of Payment :- ..... TID No :-.....**