

**UNDERTAKING GIVEN BY INTERNATIONAL PASSENGER FOR EXEMPTION/ CONSIDERATION FOR HOME QUARANTINE RULES AS PER GUIDELINES BY MINISTRY OF HEALTH & FAMILY WELFARE, PUBLISHED ON 05.11.2020.**

Flight no.: \_\_\_\_\_

Date of Arrival: \_\_\_\_\_

**1. General Information:**

Name of the passenger	Contact No.	Passport No.:	Age:
Exemption (from Institutional Quarantine) applied on www.newdelhiairport.in/ Air Suvidha ER No:			

**2. Residential / Destination address :**

\_\_\_\_\_

\_\_\_\_\_:

**3. Covid Test name : \_\_\_\_\_ Date : \_\_\_\_\_**

**Lab name and address:** \_\_\_\_\_

**4. The cases of human distress, if applicable**

- I. I / we qualify the criteria of Senior Citizen (above 65 yrs) having age of \_\_\_\_\_ years.
- II. I am in critical condition due to unexpected death of my \_\_\_\_\_  
(Death certificate Attached)
- III. I am Suffering from **disease** \_\_\_\_\_ (Medical certificate Attached).
- IV. I am **pregnant lady** of \_\_\_\_\_ months / weeks pregnant.  
(Medical certificate Attached)
- V. I did travelled with my baby / child having age \_\_\_\_\_ years / \_\_\_\_\_ months.

**5. Additional Information for Non-Mumbai Passengers**

- I. Vehicle No. for travelling to destination: \_\_\_\_\_
- II. Driver's Name and Mobile No. \_\_\_\_\_
- III. Flight No. and Date of travel if Passenger wants to travel by Domestic Flights: \_\_\_\_\_  
\_\_\_\_\_

**6. Report to: (For Office Use Only): \_\_\_\_\_**

\_\_\_\_\_

I/we hereby request for Home Quarantine for next 14 days on above residential / destination address which shall be strictly adhered by us. I /we will abide by all the Home Quarantine rules and regulations issued by GOVT. under Vande Bharat Mission.

**Signature with Date & Time**

**Note: Passengers undergoing RT-PCR test at CSMI Airport, Mumbai, need to mandatorily fill up the form given on backside of this form. Please Turn Over (P.T.O.)**

**UNDERTAKING FOR PASSENGERS UNDERGOING COVID19 RT-PCR TEST AT CSMIA, MUMBAI**

I, Mr / Mrs / Ms....., Age: ..... yrs,

Male / Female, hereby undertake to home quarantine myself, after reaching my destination, at following

address: .....

.....

.....,

till I have been communicated my COVID19 RT-PCR report by the laboratory / Govt authorities.

I also undertake to report to the nearest Government Health Center in case I develop any COVID symptoms.

Signature :.....Date: .....Time : .....

Name : .....

Mobile no : .....