

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.newdelhairport.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