

## TRAVEL SELF DECLARATION FORM

*This is a voluntary declaration form to be submitted in case of travel.*

**All residents and guests staying in the premise, who have travelled OOUTSIDE INDIA are required to self quarantine for a period of 14 days from the date of arrival. ( Note: This may apply to domestic travellers if any new advisory as passed by govt. , prevailing on the date of filling this form)**

**NAME OF RWA :** \_\_\_\_\_

1. Please fill out this form & hand it over at the Property Management Office or scan and send to <RWA email id \_\_\_\_\_> / whatsapp : \_\_\_\_\_
2. Same form may be used for 1 family. Please mention name & age of each family member in the form.
3. This has to also be filled and submitted by guests coming to stay with the resident.
3. The contents of this form will be kept confidential from residents. If mandated quarantine board may be put up outside home for notice of neighbours & staff..
4. This form may be shared with Govt. Officials (BBMP/ POLICE etc) and will enable the RWA to coordinate with health officials to keep RWA safe, hence pl do not misrepresent facts

Name/s	
Age/s (same order of names)	
Flat Number	
Mobile Number	
Email Address	
Date of arrival in this premise after travel (be it domestic or international)	

### RECENT TRAVEL HISTORY

Have you travelled outside India since March 1 <sup>st</sup> 2020. Yes or No? (for the calculation of 14 days),	
Name the countries (and its cities) you travelled to, including layover / transiting airports, since March 1 <sup>st</sup> 2020. <i>Eg: USA/San Francisco – Layover Dubai airport</i>	
International Flight Numbers boarded in the last <b>28 days</b> (from when you arrived in Elita after travel) <i>(Do not skip this step. If we receive info that your flight number is at risk, we will contact you)</i>	



**Please journal your post travel movement** – if you have stepped out of home anytime and visited places or people – as this declaration has come into force at later date and there was no advice on such quarantine restrictions

I hereby declare that the contents filled in this form are true to the best of my knowledge.

DATE:

PLACE:

SIGNATURE:

**NOTE: NON-COOPERATION ON QUARANTINE RULES IS A PUNISHABLE OFFENCE UNDER THE LAW. ASSOCIATION CAN INFORM BBMP HEALTH AUTHORITIES OR POLICE TO ENFORCE STRINGENT ACTION.**

**PL. REACH OUT TO RWA-MC FOR ANY ASSISTANCE USING BELOW DETAILS:**

<b>RWA COVID19 Helpline Name and Contact Number:</b>	<b>Karnataka helpline: 104 / 1075 Central Helpline Number: +91-11-23978046 Additional Numbers (refer baf.org.in)</b>
<b>Rajiv Gandhi Institute of Chest Diseases (RGICD)</b> Address: Someshwarnagar 1st Main Road, Dharmaram College Post, 1st Block, Hombegowda Nagar, Bengaluru, Karnataka 560029. <b>Contact: +080 26088500</b>	<b>Manipal Hospitals:</b> Address: 98, HAL Old Airport Rd, Kodihalli, Bengaluru, Karnataka 560017. <b>Dr. Mable: Contact: 080-25211200 (hotline)</b>
<b>Narayana Health</b> 258/A, Bommasandra Industrial Area Anekal Taluk, Hosur Rd, Bengaluru, Karnataka 560099. <b>Phone: 080675 06870</b>	<b>Fortis Hospital</b> 154, 9, Bannerghatta Main Rd, Opposite IIM, Sahyadri Layout, Panduranga Nagar, Bengaluru, 560076. <b>Phone: 080-66214444.</b>

**COVID-19 TESTING CENTERS IN KARNATAKA:**

1. Bangalore Medical College & Research Institute, Bangalore
2. National Institute of Virology Field Unit Bangalore
3. Mysore Medical College & Research Institute, Mysore
4. Hassan Inst. of Med. Sciences, Hassan, Karnataka
5. Shimoga Inst. of Med. Sciences, Shivamogga, Karnataka

**PL FOLLOW RWA ADVISORY TIME TO TIME FOR UPDATES.**

**SEEKING YOUR COOPERRATION & SUPPORT . STAY QUARANTINED & STAY SAFE**

