

ANNEXURE I**Self-declaration Format (SDF)**

**Directorate General of Health Services
Ministry of Health & Family Welfare
Government of India**

**SELF DECLARATION FORM TO BE FILLED BY ALL INTERNATIONAL PASSENGERS
(TO BE PRESENTED AT THE HEALTH & IMMIGRATION COUNTER)**

PART – I: PERSONAL INFORMATION

Details	Information
Name of the Passenger	
Flight Number	
Seat Number	
Passport Number	
Nationality	
Age (in years)	
Date & Time of Arrival	
Port of Origin of Journey	
Port of Final Destination	
Places to be Visited During Stay in India	

PART – II: CONTACT ADDRESS IN INDIA (Address of Stay During the Next 21 Days)**For Indian Nationals**

Details	Information
House Number	
Street / Village	
Tehsil	
District / City	
State	
PIN Code	
Mobile Number (Mandatory, preferably an Indian number)	
Alternate Mobile Number in India	
Email ID	

For Foreign Nationals

Details	Information
Residence/Hotel/Hospital (in India)	
Residence Address of Country of Origin	
Contact Mobile Number in India (Mandatory)	
Alternate Contact Number in India,	
Email ID	

PART – III: TRAVEL AND HEALTH DECLARATION

A. Have you visited/transited from affected countries* in the Last 21 Days

☐ Yes ☐ No

B. Exposure History

Have you or any of your family member cared for or lived with or come in contact with a case of Ebola disease or visited or worked in a hospital where cases of Ebola disease are being treated or attended the funeral of person/animal died of Ebola disease.

☐ Yes ☐ No

C. Symptoms at Present

☐ None at present ☐ Fever ☐ Muscle Pain ☐ Headache ☐ Vomiting
☐ Diarrhea ☐ Sore Throat ☐ Rash

DECLARATION BY PASSENGER

I hereby declare that the information provided above is true and correct to the best of my knowledge and belief. I understand that suppression or non-disclosure of relevant information may attract penal provisions under applicable laws.

I agree to comply with quarantine measures and/or any other instructions issued by health authorities, including medical examination, monitoring, isolation, or quarantine as prescribed.

Signature of Passenger: _____

Date: _____

IMPORTANT ADVISORY

If you develop symptoms such as fever, muscle pain, headache, vomiting, Diarrhea, sore throat or rash within 21 days of leaving this airport, restrict your outdoor movement and immediately contact the nearest health facility or public health authority and helpline number _____.

** Democratic Republic of Congo Uganda and South Sudan (Countries as updated by WHO from time to time and based on internal risk assessment)*