



CONFIDENTIAL

SELF DECLARATION OF GOOD HEALTH & WELLBEING

(Kindly read the following declaration carefully. This declaration is to ensure that your stay at the IITJ residential campus remains free of illness and to facilitate the necessary help in case of health/medical emergencies. This information will remain confidential and used in case of health/medical emergencies only.)

Name of the student:

Application No:

Name of the programme:

Department/School/Centre/IDRP:

This is to inform you that I am currently free of any major and /or active physical and/or mental health related issue(s).

I am free of any specific course of medicine(s) prescribed by a qualified medical specialist which may require to follow specific care/doctor's supervision. (Tick one of the following)

- Yes, the above is true for me
- No, the above does not apply to me (I am having a pre-existing physical/ mental health condition)

Please provide details of two family members/ legal guardians to contact in case of an emergency:

1- Name:

Your relation:

Contact Number:

2- Name:

Your relation:

Contact Number:

(Name and signature)

Student

Mobile Number:

Date:

(Name and signature)

Parent