



Ministry of Health and Family Welfare
Government of India

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

All persons departing from India are required to fill-up this Proforma in duplicate & submitting a copy each to Health and Immigration Counter.

Personal Information

1	Name of the passenger	
2	Flight No.	
3	Passport No.	
4	Nationality	
5	Date of Birth	
6	Date of Arrival to India	
7	Date of departure	
8.	Port of final destination	

Contact Address of the Traveler:

1	House Number	
2	Street/ Village	
3	Tehsil/Sub district	
4	District/ City	
5	State	
6	Country	
7	Residence Number	
8	Mobile Number (mandatory field)	
9	E mail ID	

- Are you suffering from fever and any one of the following symptoms for COVID-19
 - Fever - Yes No
 - Cough - Yes No
 - Respiratory distress Yes No
- The above information is correct and in case of any wrong information and non-cooperation, I will be liable for action under the law.

Signature of the passenger

The passenger was screened for COVID -19 symptoms and was found to be asymptomatic during screening.

Signature of Health Staff with Stamp