

Self Declaration form details for international arriving passengers

Applications are being accepted on behalf of the Ministry of Health and Family Welfare, Government of India

| PASSENGER DETAILS V | |
|--|-----------------------------------|
| Registration Number | Date of Birth |
| SR2207231296437 | 27/10/1975 |
| Name | Gender |
| JORGE ALFREDO ARIAS BOUZADA | MALE |
| Flight Number | Seat Number |
| EK0542 | 00 |
| PNR Number | Nationality |
| 25737701 | URUGUAY |
| Passport Number | Country of Origin |
| C992610 | UNITED ARAB EMIRATES |
| Date of Arrival | Domestic Connecting Flight |
| 27/07/2022 | |
| Are you taking a connecting Domestic flight? | Date of RT-PCR Test Taken |
| NO | - |
| RT-PCR Negative Certificate Uploaded | Date of Final Dose of Vaccination |
| No | 14/12/2021 |
| Vaccination Certificate Uploaded | First Airport of Entry |
| Yes | CHENNAI AIRPORT |
| City of Origin | Final Destination - House Number |
| DUBAI | MGM BEACH RESORT |
| First Airport of Entry State/Union Territories | Final Destination Tehsil |
| TAMIL NADU | MUTHUKADU |
| Final Destination Street/Village | Final Destination District/City |
| MGM BEACH RESORTS 1/74, SH 49, MUTHUKADU, . | CHENNAI |
| Final Destination State/Union Territories | Contact Number |
| TAMIL NADU | +59899627020 |
| Final Destination Pincode | Email ID |
| 603112 | ARIAS@MOVINET.COM.UY |
| Alternate Contact Number | Diabetes |
| +59899189239 | No |

Fever Hypertension No No Bronchial Asthma Cough No No **Respiratory Distress** Cancer No No Unde Immunosuppresive Therapy No Post Transplant Patients No Details of the Cities / Countries visited in last 14 days? Location of Final Vaccination dose

ICELAND, UNITED ARAB EMIRATES, UNITED

Uruguay

Are you fully vaccinated?

YES

STATES

How many passengers are travelling with you in the same flight and to the same final destination?

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I/We have agreed to the following terms:

I agree to the guidelines issued by Ministry of Health & Family Welfare.

I, the primary applicant, verify that the information filled is correct and agree to be contacted for the co - passenger contact tracing. In case of any default, the primary applicant will be liable for punishable offences under the provisions of the relevant Indian Laws. I also agree to the terms & conditions.

I undertake to quarantine/self monitor/take the self paid RTPCR test on arrival as applicable to me as per the latest MOHFW guidelines.