



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 coming to 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	Seat No.		3. Flight No.	
4	Passport No.			
5	Nationality			
6	Age			
7	Date of Arrival			
8	Port of origin of Journey			
9	Port of final destination			

Contact Address in India for All Travelers:

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

(PART-A)

a. Details of the cities / countries visited in last 14 days? _____

b. Are you suffering from any of the following symptoms

- Fever Yes No
- Cough Yes No
- Respiratory distress Yes No

- Are you suffering from (Please Indicate) – (Hypertension, Diabetes , Bronchial Asthma, Cancer, Under Immunosuppressive therapy, Post Transplant patients) - _____
- 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

In case you develop symptoms such as fever and cough within 28 days of leaving this airport, restrict your outdoor movement and contact MoHFW's 24 hours helpline number 011-23978046. Call operator will tell you whom to contact further. In the meanwhile, keep yourself isolated in your house/room.