

Undertaking

To,  
High Commission of India,  
Kampala, Uganda

Sub: Consent Form for Evacuation from Kampala (Entebbe Airport),  
Uganda

1. I, \_\_\_\_\_ name, city, country) holding valid Indian passport No. \_\_\_\_\_, confirm my willingness to return to India.
2. I confirm my readiness to follow all instructions given by the officials of Government of India / High Commission of India, Kampala / Aircraft crew / medical personnel on arrival.
3. I am willing to be quarantined in one of the facilities in **Mumbai** on arrival, and in **Delhi** (NCR or Haryana; or Bhiwadi or Chandigarh).
4. I am also willing to **pay the cost of the mandatory** institutional quarantine period of 7 days, and abide by the 7 days of home quarantine.
5. I will not insist on returning to my state of domicile, (if quarantined in **Mumbai / Delhi**) before completing the mandatory period of quarantine;
6. After quarantine period is over, I will return to my state of domicile, either by making my own arrangements or through the arrangements facilitated by the Resident Commissioner/ nodal Officer of the concerned State.

(Signature)

Date: \_\_\_\_\_

Passport No. \_\_\_\_\_

Mobile No. \_\_\_\_\_

Email: \_\_\_\_\_