

## Undertaking On Self-Isolation

I .....

S/W of ..... resident of

.....

.....

being diagnosed as a confirmed case of COVID – 19, do hereby voluntarily undertake to maintain strict self-isolation at all times for the prescribed period.

During this period I shall monitor my health and those around me and interact with the assigned surveillance team/with the call center (104), in case I suffer from any deteriorating symptoms or any of my close family contacts develops and symptoms consistent with COVID – 19.

I have been explained in detail about the precautions that I need to follow while I am under self – isolation.

I am liable to be acted on under the prescribed law for any non – adherence to self – isolation protocol.

Signature: .....

Dated: .....

Contact Number .....