**F O R M A T - 1**

 **(For employees staying inside NEHU Campus)**

|  |
| --- |
| 1. Name of the employee :
2. Designation :
3. Department/Section :
4. Quarter No. :
 |
| Sl.No. | Name of theperson | Relation-ship with the employee | Date of arrival in NEHU Campus | Date on which the self Quarantine started | Date on which the self Quarantine ends | Whether Symptom of fever,headache,cold/flue etc. if any, is noticed and consulted any Doctor.Details to be furnished | Remarks(if any) |
|  |  |  |  |  |  |  |  |

**N.B.**

**Self Quarantine is for a period of 14 days.**

 **F O R M A T - 2**

 **(For students staying inside NEHU Campus)**

|  |
| --- |
| 1. Name of the student :
2. Name of Department :
3. Quarter No./ Hostel Name & Room No. :
 |
| Sl.No. | Name of theperson | Relation-ship with the student | Date of arrival in NEHU Campus | Date on which the self Quarantine started | Date on which the self Quarantine ends | Whether Symptom of fever,headache,cold/flue etc. if any, is noticed and consulted any Doctor.Details to be furnished | Remarks(if any) |
|  |  |  |  |  |  |  |  |

**N.B.**

**Self Quarantine is for a period of 14 days.**