**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 the  person | 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 the  person | 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.**