



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.***