

S NO	PARTICULARS	INFORMATION & DECLARATION	
1	NAME OF GUEST		
2	AGE		
3	ADDRESS CITY PIN		
4	ARRIVAL DATE		
5	DEPARTURE DATE		
6	MODE OF TRAVEL	SELF CAR/TAXI      VEHICLE NUMBER	
7	MOBILE NUMBER		
8	EMAIL ADDRESS		
9	PHOTO ID ATTACHED	DRIVING LICENSE/AADHAAR CARD/PASSPORT/VOTER I CARD	
10	AROGYA SETU APP	I HAVE DOWNLOADED THE APP ON MY MOBILE	
11	TRAVEL HISTORY IF ANY IN LAST 21 DAYS	TRAVEL BY AIR- TRAVEL BY TRAIN TRAVEL BY ROAD INTERSTATE	
12	ANY QUARANTINE HISTORY	NO    YES    FROM                      TILL                      AT	
13	SYMPTOMS	I CONFIRM THAT I DO NOT HAVE ANY SYMPTOMS OF COVID19 INCLUDING	
FEVER		COUGH	SORE THROAT
BREATHLESSNESS		TIREDNESS	RUNNING NOSE
14	CONTACT WITH COVID 19 POSITIVE	I CONFIRM THAT I HAVE NEITHER TESTED POSITIVE FOR COVID 19 NOR HAVE I COME IN CONTACT WITH ANY PERSON TESTED POSITIVE FOR COVID 19 IN LAST 21 DAYS	
15	FACILITIES AND SERVICES	I AM AWARE THAT MANY FACILITIES AT HOTEL KANHA SHYAM PRAYAGRAJ INVOLVING MASS CONTACT WILL REMAIN SUSPENDED SUCH AS GYMNASIUM, BUFFET MEALS, SPA AND/OR AS THE MANAGEMENT DECIDES AND I HAVE CONFIRMED MY BOOKING DESPITE THIS	
16	CONSENT	I HEREBY GIVE MY CONSENT TO HOTEL KANHA SHYAM MANAGEMENT THAT IN CASE I SHOW ANY SYMPTOMS OF COVID19, THEY CAN REPORT THE MATTER TO CONCERNED DISTRICT AUTHORITIES IN LINE WITH THE LOCAL GUIDELINES	
17	DECLARATION	I AM NOT SUPRESSING ANY RELEVANT FACTS AS STATED ABOVE. ALL ABOVE INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE	

I ALSO UNDERTAKE THAT I HAVE UNDERTAKEN THIS VISIT AT MY OWN RISK OF CONTRACTING ANY DISEASE INCLUDING COVID-19 AND HOTEL KANHA SHYAM PRAYAGRAJ SHALL NOT BE LIABLE FOR ANY COSTS OR CONSEQUENCES, DIRECT OR INDIRECT, INCIDENTAL TO ANY SUCH ILLNESS

I/We do hereby give my permission to your establishment authority to share my details with the authorities with required for the purpose of COVID-19 and its contact tracing.

(SIGNATURE)