

Self-declaration of the Candidate Appearing for
GP/CCMC Exit Examination during COVID-19

Dear Candidate,

Board of Examinations for the Seafarers Trust (BES) is an IRQS certified ISO 9001:2015 organization. We at BES, are very much concerned about your health, safety and hygiene. In the interest of your well-being and everyone around you at the examination site, you are requested to declare if you have any of the symptoms which are listed below. Please write **Y** for **I have** or **N** for **I do not have** in the box provided against the symptoms.

- | | |
|------------------------|--------------------------|
| 1. Fever | <input type="checkbox"/> |
| 2. Dry Cough | <input type="checkbox"/> |
| 3. Tiredness | <input type="checkbox"/> |
| 4. Breathing Problem | <input type="checkbox"/> |
| 5. Cold / Running Nose | <input type="checkbox"/> |

I, understand that I am filling this self-declaration form on my free will.

I am self-certifying that I have **NOT** tested **POSITIVE** for the Coronavirus or identified as a **POTENTIAL CARRIER** of this virus.

Name of the Candidate: _____

Roll No.: _____

BES Code No.: _____

Name of the Institute (Examination center): _____

Date of the Examination: _____

Signature of the Candidate: _____