

## Annexure 2(a)

### CARETAKER DECLARATION CUM INFORMATION FORM

I ..... Son/daughter of ..... , residing at address ..... (Adhaar card attached as proof & mobile no. ....) hereby agree to be the caretaker of patient ..... who has been tested positive for COVID-19.

Further, I hereby declare that the information given below is correct to the best of my knowledge and belief:

1. Address:
2. Age:
3. Gender:
4. Relationship with person to be home isolated:
5. Any diseases that I am suffering from:

Signature of the COVID 19 Patient

Signature of the Caretaker

Date:

Date: