

ICAR-NATIONAL RICE RESEARCH INSTITUTE, CUTTACK
FORMAT FOR THE MOVEMENT OF STAFFS/THEIR SPOUSE, CHILDREN & RELATIVES FROM
OR TO THE CAMPUS TO PREVENT THE SPREAD OF COVID-19

NAME OF THE EMPLOYEE:

DESIGNATION OF THE EMPLOYEE:

ADDRESS OF THE QUARTER:

CONTACT NO OF THE EMPLOYEE:

E-MAIL ID (if any):

DETAILS OF THE PERSON'S MOVEMENT: **SELF/ SPOUSE / CHILDREN/ RELATIVES**

NO. OF PERSONS MOVING:

DATE OF MOVEMENT FROM THE CAMPUS:

DATE OF RETURN TO THE CAMPUS:

ONWARD DESTINATION (Name of the place with detailed address):

RETURNING FROM (Name of the place with detailed address):

DECLARATION

I am declaring herewith that I myself/my spouse/son/daughter/relatives who have come from the hot spot area of Odisha/out of Odisha (including out India) will be in home quarantine for 14 days from the date of return following all codal formalities of COVID-19 guidelines.

DTE:

(SIGNATURE OF THE STAFF)