

**UNDERTAKING TO BE GIVEN BY INTERNATIONAL PASSENGERS ARRIVING AT
CHHATRAPATI SHIVAJI MAHARAJ INTERNATIONAL AIRPORT, MUMBAI**

Flight no.: _____

Date of Arrival: _____

1. General Information:

Name of the passenger	Contact No.	Passport No.:	Age:

2. Residential / Destination address :

3. Additional Information for Non-Maharashtra Passengers

Vehicle No. for traveling to destination.	
Driver's Name and Mobile No.	
Flight No. and Date of travel if Passenger wants to travel by Domestic Flights:	

I/we hereby request for Home Quarantine for next 14 days on above residential / destination address after my RT-PCR Test done at CSMIA, Mumbai on arrival. I also undertake to report to the nearest Government Health Centre in case I found positive or develop any COVID symptoms.

I /we shall abide by all the Home Quarantine rules and regulations as per guidelines issued by Government of India dtd.17/02/2021. _

I/We undertake to do RT-PCR test after 7 days (for passengers from UK, Brazil, South Africa) / self monitor health for 14 days. (for passengers from Europe, Middle East & others- other than UK, Brazil, South Africa)

Date :-

Signature:

Time :-

Name :

TOKEN FOR RT-PCR TEST AT CSMIA, MUMBAI

Flight no.: _____

Date of Arrival: _____

Name of the Passenger:- _____

Mobile No:- _____ Passport No:- _____

Address :- _____

PASSENGER DETAILS FORM COVID - 19

INSTRUCTIONS :- BLOCK LETTERS ONLY

Date of collection :-/...../.....

Passenger Name :-.....
.....

Date of Birth :-/...../..... Gender :- Mobile Number :-

Any other contact details :-

Email ID :-

Nationality :-

Passport / Aadhar Number (any) :-.....

Address (current living address) :-

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Pincode :- State :-

Details of Journey

Arrived from :- Flight no :-.....

Destination City :- Connecting Flight no :-.....

Vaccination Details

Name of vaccine :-..... Dose 1 Date :-/...../..... Dose 2 Date :-/...../.....

Other Details :-

Mode of Payment :- TID No :-.....