

Government of Nagaland
SELF DECLARATION FORM

Form: CEG-I

FOR ALL TRAVELLERS ENTERING NAGALAND
(TO BE PRESENTED AT THE AIRPORT HEALTH/IMMIGRATION COUNTER)

ADVISORY: The State Govt. has strongly advised persons of Nagaland to postpone their return for the time being/ or until the country is declared Covid pandemic free. For those whose return is unavoidable, they may take note that upon landing at Dimapur Airport every returnee will be medically screened, and thereafter taken in specially designated vehicles to the Institutional Quarantine Centre/s designated by the Govt. of Nagaland at Dimapur and Kohima.

All persons entering Nagaland are required to fill-up this proforma. You are requested to provide the following information to safeguard your own health.

1	Name of the passenger/ returnee		
2	Gender	3. Age	
4.	Seat No.	5 Flight No.	
6	Passport No.	7. Date of Arrival	
8	Name of the airport where the travel starts		
9	Final destination		
10	Residence Telephone Number		
11	Mobile Number		
12	E mail ID		
13	State the reason for travelling outside the state.		
14	Mention the place visited during the last 14 days & the purpose of visit		
15	Specify health problems that require medical attention (if any)		
16	If required, is there any arrangement made for hospital stay in Dimapur/ Kohima? Give details.		

17	Detail Address of Study/ Work (outside Nagaland)	1. _____ 2. _____ 3. Colony/ Locality _____ 4. Town/ City _____ 5. Pin Code _____ 6. District _____ 7. State _____
18	Local Address (Nagaland)	1. _____ 2. _____ 3. Colony/ Locality _____ 4. Town/ City _____ 5. Pin Code _____ 6. District _____ 7. State _____
19	Father's Name with Mobile No.	
20	Mother's name with Mobile No.	
21	Local Guardian's Name with Mobile No. (during Quarantine period)	
22	Any relative travelling together (please specify)	

Signature of the passenger

* An advance soft copy may be mailed to cegnagaland@gmail.com or WhatsApp at 6009915778, 6009939896

* For any clarification, kindly contact 0370 2270065, 6009915778, 6009939896