IRO DELHI CANTT – ADDENDUM TO RECT RALLY NOTIFICATION (TO BE HELD FROM 08 FEB TO 10 MAR 21 AT HARYANA SPORTS STADIUM, SECTOR – 12 FARIDABAD FOR SOL GD, SOL NA, SOL TECH, SOL TDN 8TH & 10TH AND SOL CLK/SKT)

- 1. In view of the ongoing COVID-19 situation following anti COVID -19 measures will be strictly adhered to:-
 - (a) Candidates will wear masks at all times except for the run.
 - (b) Personal gloves and hand sanitizers will be carried by all candidates at the rally venue.
 - (c) All candidates will be thermally screened at the entrance by medical teams. Candidates having higher temperature than normal/showing symptoms of COIVID-19 will not be allowed to participate on that day and will be directed to attend rally on a later date. If candidate again shows symptoms on the designated day, he will not be allowed to participate in the rally.
 - (d) NO COVID 19 SYMPTOMS CERTIFICATE. All candidates compulsorily carry NO COVID -19 SYMPTOMS CERTIFICATE as per Appendix 'A' attached duly signed by medical authority of any Government Hospital. The certificate should have been issued 48 hours prior to the candidates reporting date/ Time of the rally.
 - (e) <u>NO RISK CERTIFICATE</u>. <u>A NO RISK CERTICATE</u> as per **Appendix 'B'** will also be carried signed by candidates and their parents/ guardians as undertaking for travel during current COVID 19 situation.
- 2. All other instructions published through earlier Rally Notification remain in place.

MEDICAL CERTIFICATE

COVID -19 FREE/ ASYMPTOMATIC CERTIFICATE

1.	Dr of		of	(Name of Government Hospital) is					
а	registered	medical	practitioner	and	holding	medical	licen	ce re	gistered
nu	mber		have	exa	amined	Mr_			
S/d)		or	n da	te	2021	and	have	found
MF	₹		free	from	the follow	ing diseas	ses: CC	ORONA	VIRUS
Dis	sease –COVI	D -19 curr	ently asympto	matic.					
Da	te:								
Sta	amp of Gove	rnment Ho	spital						
					•	Signature o			• /
						ovt Hospita			
						ector			
						istt			
					P	IN			

NO RISK CERTIFICATE

recruitment rally hereby certify understand that travel to rally venue is at my obe entitled to claim any compensation or reco	_(Name) Roll NO a candidate for that I have no COVID-19 symptoms. I fully own risk and I or my parents/ guardians shall not ensideration for participation in the same rally or infected with COVID – 19 during my transit or
Date:	(Signature of the Candidate)
COUNTE	ERSIGNED
Station:	(Signature of parent/Guardian) Name
Date:	Address