

Undertaking cum Indemnity Bond

To

The High Commission of India
Dar es Salaam (Tanzania)

Subject: **Consent Form for evacuation from Dar es Salaam (Tanzania) to India.**

I, _____, holder of Indian Passport No. _____ issued at _____ on _____ and valid till _____, hereby undertake the following in connection with my request for evacuation to India:-

i) that I, and members of my family travelling to Mumbai along with me whose details(name, relationship and passport No.) are given as under, agree to be quarantined in one of the facilities:-

- 1)
- 2)
- 3)
- 4)

ii) That I, and members of my family will pay for quarantine during the mandatory period of 14 days (Revised now to 7 days of paid institutional quarantine and 7 days of home quarantine as per the new guidelines);

iii) That I, and members of my family will not insist on returning to my state of domicile before completing the mandatory period of quarantine;

iv) That after the quarantine period is over, I/we will return to their States of domicile, either by making our own arrangements or through the arrangements facilitated by the Nodal Officer of the concerned State;

v) I/We fully understand that while traveling in the special repatriation flight, I/we may be inadvertently exposed to any infection, including COVID 19 virus, and having fully understood the risk to my/our person(s), I/we voluntarily give consent to travel to India in the special repatriation flight. I/We undertake and agree that neither I/we nor my/our heirs nor my/our executors nor administrators will hold responsible Union of India, any official of Union of India or staff of airline or any of my fellow passengers for any harm/injury to me/us (including death) due to any accidental exposure.

vi) That I/we will not travel if I/we develop symptoms of COVID 19 before the actual travel to India and self-quarantine myself/ourselves till I/we become completely fit for travel;

vii) That I/we would wear face mask(s) and follow all hygiene throughout the journey to India. I am/we are also willing to follow all instructions given by the officials of Government of India / High Commission of India / aircraft crew /medical personnel at the place of origin/ destination.

Place :
Date :

Signature:
Name :