

**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 :**

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**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 :

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**TOKEN FOR RT-PCR TEST AT CSMIA, MUMBAI**

Flight no.: \_\_\_\_\_

Date of Arrival: \_\_\_\_\_

Name of the Passenger:- \_\_\_\_\_

Mobile No:- \_\_\_\_\_ Passport No:- \_\_\_\_\_

Address :- \_\_\_\_\_

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**PASSENGER DETAILS FORM COVID - 19**

**INSTRUCTIONS :- BLOCK LETTERS ONLY**

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

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