

**OFFICE OF THE DISTRICT & SESSIONS JUDGE– CUM – SPL JUDGE,  
CBI (PC ACT),ROUSE AVENUE DISTRICT COURTS, NEW DELHI**

**CIRCULAR**

All the Officials posted at Rouse Avenue District Courts are hereby directed to submit a status report of COVID-19 patient in their family members, if any, or submit a declaration as per **Annexure-'A'** that no one in their family member is suffering from COVID-19.

It is directed that henceforth, if any official or their immediate family members residing with them is tested positive for COVID-19, intimation to that effect shall be immediately conveyed by the concerned official to **Sh. Virender Singh, Nodal Officer** on his **WhatsApp No. 9910384222**.

Serious view shall be taken against the officials withholding such information.

Nodal Officer is directed to submit a status report on daily basis to the PS office of undersigned, in respect of COVID-19 positive case, if any.

Sd/-

**(SUJATA KOHLI)**

District & Sessions Judge – cum - Spl. Judge (PC Act)  
CBI, Rouse Avenue District Court, New Delhi.

**No.E-11819-11884/DJ/Lockdown/Admn/RADC/2020**

**Dated: 03.09.2020**

**Digitally copy forwarded to :**

1. Ld. Registrar General, High Court of Delhi, New Delhi
2. Ld. District & Sessions Judge (HQ), Tis Hazari Court, New Delhi
3. All the Judicial Officers at Rouse Avenue District Court, New Delhi with the request to circulate amongst the staff working under their control.
4. All the Branch Incharges at Rouse Avenue Court, New Delhi with the direction to amongst the staff working under their control.
5. The Branch Incharge, Computer Branch, RADC, New Delhi for being uploaded on the website.
6. Sh. Virender Singh, Nodal Officer, RADC, to maintain the record qua COVID-19 patient in RADC
7. PS to the District & Sessions Judge-cum-Spl. Judge (PC Act), RADC, New Delhi.

Sd/-

District & Sessions Judge – cum - Spl. Judge (PC Act)  
CBI, Rouse Avenue District Court, New Delhi.

**DECLARATION FORM**

I..... (name of the official) hereby declare as under:-

- (a)
  - (i) I do not have any symptoms of Fever, Cough, Respiratory distress or Flu etc.
  - Or
  - (ii) I have such symptoms.
  
- (b)
  - (i) I or my family member is not suffering/ tested positive for Covid-19.
  
  - (ii) I or my family member is suffering/ tested positive for Covid-19. If yes, attached your/ your family report alongwith this declaration.

Date:

**(Signature)**  
Name of the Official:  
Designation :  
  
Employee Code:  
  
Posting: