**Data required for filling up of Google Form about COVID cases in the Institutions for submitting it to Government of West Bengal**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Sl. No.** | **Date** | **Name of Department / School / Centre / Section** | **Total No. of Students attending in the Department** | **Name of COVID infected person** | **Age** | **Sex** | **Date of Test** | **Whether attended the institution after occurrence of symptoms** | **Remarks if any** |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |

F:LOPA/ Form for COVID 19 Data – R- III