

# Suncity Residents Welfare Association

Founded on 15th Aug 2003, Regd. No. 171, Dtd:11-1-2013, Community Centre, First Floor, Sector-54,

Suncity, Gurgaon-122011

## Form for hiring of Domestic Help/Driver/Car Cleaner/Cook/Dog Walker etc. (part-time)

| Particular                                                                          | Details to be filled in by resident |
|-------------------------------------------------------------------------------------|-------------------------------------|
| Name of Domestic Help                                                               |                                     |
| SUNCITY Pass ID                                                                     |                                     |
| Address-Local (important to verify that Domestic help is not from containment zone) |                                     |
| Phone Number of Domestic Help/Adhar Card Number/Any govt id./voter id               |                                     |

I/We resident of\_\_\_\_\_. Suncity, Sector-54, Gurugram, have verified the above particular as required by SRWA. I/We also understand our own responsibilities as enumerated below:

1. I/We will ensure that she/he has Arogya Setu App installed on her/his phone. **I/We will monitor her/his Arogya Setu App daily when domestic help enters as well as leaves my residence.**
2. **I/We will explain all personal hygiene, social distancing, compulsory use of mask, regular washing her/his hands etc., to domestic help, and regularly monitor her/him.** I/We also understand that domestic help should be allowed inside the premises, if she/he is wearing a Mask and has a Sanitizer with them.
3. I/We also understand that violation of these Guidelines/House Rules and/or Local Gurugram Administration Guidelines, will lead to domestic help's exit from the premises for a week.

**I/We certify that the information I/We have provided above is true and complete to the best of my knowledge.I take complete responsibility for the health of my domestic help.**

**Resident's Name:**

**Phone Number:**

**Signature with date:**