

DECLARATION FOR NON-BLACKLISTING

We [***Insert name and address of the Vendor***] solemnly declare that we will abide by any penal action such as disqualification or blacklisting or determination of contract or any other action deemed fit, taken by, the Department against us, if it is found that the statements, documents, certificates produced by us are false/fabricated.

We hereby declare that I/we have not been blacklisted/debarred/Suspended/demoted in any Government Department in any State due to any reasons.

[Insert name and address of the Vendor with stamp and date]

Signature of the Authorized Personnel

Name: _____

Designation: _____

Company: _____

