Statement DIPAN CHHABRA 1. Name of employee in full_ 2. 3. Religion_ Unnarried 4. Whether unmarried/married/widow/widower_ Department/Branch/Section where employed_ Post held with Ticket No. or Serial No., if any July Date of appointment_ 8. Permanent address: Sub-division Village__ Thana District State_ Post Office Signature/Thumb-impression of the Employee **Declaration by Witnesses** Nomination signed/thumb-impressed before me Name in full and full address of witnesses. Signature of Witnesses. 2. Place: Date: Certificate by the Employer Certified that the particulars of the above nomination have been verified and recorded in this establishment. Signature of the employer/Officer authorised Employer's Reference No., if any___ Designation Date:____ Name and address of the establishment or rubber stamp thereof.