STATEMENT OF TRUTH (UNDERTAKING)

JOHNSON	ı Ki	LMDO	(full
name)Son/Daughter/Wife			
name),the undersigned, he	reby (declare:	

- That the information contained in the documents submitted by me to MDRAFM stand true to the original documents. I undertake to provide documentary evidence as and when required.
- 2) That I am aware that the lack of veracity of the information or distortion of the facts and documents will entail the invalidity of the merits affected and that I may be liable for legal responsibility/my joining in this service may be liable for cancellation.

I declare that the foregoing facts are true and correct to the best of my knowledge and belief.

Johnson Kinda Signature

Date- 10-01-2023

Place- MDRAFM, Bhubaneswar.

FORM OF DECLARATION (APPLICABLE TO BOTH SEXES)

Shri/Smt/Kumari JOHNSON KINDO declares:

- i) That I am unmarried / a widower / a widow.
- ii) That I am married and have only spouse living.
- iii) That I have entered into and contracted a marriage with another person having a living spouse. Application for grant of exemption is enclosed.
- iv) That I have entered into and contracted a marriage with another person during the life time of my spouse. Application for grant of exemption is enclosed.

I solemnly affirm that the above declaration is true and I understand that in the event of the declaration being found to be incorrect after my appointment. I shall be liable to be dismissed from service.

Johnson Kinda Signature

DECLARATION

- Son/Daughter/Wife of... GANDRU KINDO...... declare that the following facts are true and correct to the best of my knowledge and belief for the purpose of recording in my Service Book.
- 1 .Present Address of correspondence:-+/654, Section-15, Rowkela - 769003
- 2. Permanent Address:-AT-PO - Kansbahal (Dipatoli), Odisha - 770034
- 3. Mark of Identification:
 - i) Mole on Right ear.
 - ii) Mole on Left Palm.
- 4. Height:- 161 cm

Place: MDRAFM, Bhubaneswar.

Date:- 10 - 01 - 2023

Signature