DECLARATION

Son/Daughter/Wife of.....D.V.R.VIA. CHARAN. MAZHI. 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:NILADRI BIHAR, KANTANALI BYPASS, NEAR BUDHI
THAKURANI TEMPLE, DHENKANAL, 759001, ODÍSHA

2. Permanent Address:-

MILADRI BIHAR, KANTANALI BYPASS, NEAR BUDHI THAKURANI TEMPLE, DHENKANAL, 759001, ODISHA

- 3. Mark of Identification:
 - i) SCAR ON FOREHEAD (LEFT)
 - ii) SCAR ON LEFT PALM
- 4. Height:- 170 C.M.

Place: MDRAFM, Bhubaneswar.

Date: - 10.01.2023

Satyasanti Majini Signature

STATEMENT OF TRUTH (UNDERTAKING)

I SATYASANTI MAJHI (full name)Son/Daughter/Wife of D.V.R.C.A. CHARAN MAJHI (full name), the undersigned, hereby 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.

Satyasanti Majini Signature

Date- 10,01, 2023

Place- MDRAFM, Bhubanesman

FORM OF DECLARATION (APPLICABLE TO BOTH SEXES)

Shri/Smt/Kumari SATYASANTI MAJHI 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.

Satyasanti Majhi Signature