DECLARATION

I ...BARSHA SUBHADARSHINI PUJAHARI.........OFS (P)
Son/Daughter/Wife of.SUDHANSU SEKHAR PUTAHARI. 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:-
   AT- PANISIALI , PO - SONEPUR , PS - SONEPUR , PIN - 767017

2. Permanent Address:-
   AT - SANSAMURA , PO - KARTANG , PS - BINKA , PIN - 767019

3. Mark of Identification:-

   i) BLACK MOLE ON LEFT CHEEK

   ii)

4. Height:-   155 cm

Place :- MDRAFM, Bhubaneswar

                                        Barsha Subhadarshini Pujahari
Date :- 10.01.2023   Signature

STATEMENT OF TRUTH
(UNDERTAKING)

I ..BARSHA SUBHADARSHINI PUJAHARI.......................(full

name)Son/Daughter/Wife of SUDHANSU SEKHAR PUJAHARI...(full

name),the undersigned, hereby declare:

1) 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.

Barsha Subhadarshini Pujahari
Signature

Date- 10.01.2023

Place- MDRAFM, Bhubaneswar

FORM OF DECLARATION (APPLICABLE TO BOTH SEXES)

Shri/Smt/Kumari____BARSHA SUBHADARSHINI PUJAHARI____
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.

Barsha Subhadarshini Pujahari
Signature