

## DECLARATION

I ..... AKANKSHYA DAS ..... OFS (P)  
Son/Daughter/Wife of RABI RANJAN DAS ..... 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:-

AMULYA BIHARI PATTNAYK, METALLURGY DEPARTMENT,  
IGIT GARANGA, DHENKANAL - 759146

2. Permanent Address:-

H.No: L-15, MAHATAB NAGAR, NEAR POLICE HIGH SCHOOL,  
CUTTACK - 753008

3. Mark of Identification:-

i) DIMPLED CHIN

ii) MOLE ON BACK OF NECK.

4. Height:- ~~158 cm~~ 160 cm

Place :- Bhubaneswar

Date :- 10.01.2023

Akankshya Das  
Signature

**STATEMENT OF TRUTH**  
**(UNDERTAKING)**

I AKANKSHYA DAS.....(full  
name) Son/Daughter/Wife of RABI RANJAN DAS.....(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.

Akankshya Das  
Signature

Date- 10.01.2023

Place- Bhubaneswar .

FORM OF DECLARATION (APPLICABLE TO BOTH SEXES)

Shri/Smt/<sup>✓</sup>Kumari AKANKSHYA DAS  
declares:

- i) That I am unmarried / a widower / a widow.
- <sup>✓</sup>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.

Akankshya Das  
Signature