



1 .Present Address of correspondence:-

At 190- Nuavat, PSIMA-Derabith. Dr.H. Kendrapana, 754289.

2. Permanent Address:-

At/Por Nuahat, PstvIA-Derabish, Dest-Kendraporra, 754289

3. Mark of Identification:-

- i) Cut mane on forehead
- ii) Danc spot on face.
- 4. Height:- 5' + "

Place: MDRAFM, Bhubaneswar.

Date:- 10.01, 2023

Sarada Pranad Pradhan. Signature

STATEMENT OF TRUTH (UNDERTAKING)

I Sarada Prazad Pradhon (full name)Son/Daughter/Wife of Pratap Pradhon (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.

> Sanada Prazad Pradhon, Signature

Date- 10-01, 2023

Place- MDRAFM, Bhusaneswar.

FORM OF DECLARATION (APPLICABLE TO BOTH SEXES)

Shri/Smt/Kumari Samada Prazad Pradhon.

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.

Scimida Pranad Pradhon, Signature