

## DECLARATION

I SOURYARANJAN MOHAPATRA.....OFS (P)

Son/Daughter/Wife of.....AMIYA KUMAR MOHAPATRA..... 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 - KALIVIHAR, KHANNAGAR  
PO - ARUNODAYA NAGAR  
PIN - 753002  
DIST - CUTTACK

### 2. Permanent Address:-

AT - ALISHA BAZAR  
PO - CHANDNI COTAK  
PIN - 753002  
DIST - CUTTACK

### 3. Mark of Identification:-

- i) Black mole right side of  
on index
- ii) Black mole on right hand index finger

4. Height:- 5' 10"

Place :- Bhubaneswar

Date :- 10-01-2023

Souryaranjan Mohapatra  
Signature

## STATEMENT OF TRUTH (UNDERTAKING)

I SOUNYARANJAN MOHAPATRA.....(full  
name) Son/Daughter/Wife of AMITAKUMAR MOHAPATRA.....(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.

*Sounyanjan Mohapatra*  
Signature

Date- 10 - 01 - 2023

Place- Bhubaneswar

**FORM OF DECLARATION (APPLICABLE TO BOTH SEXES)**

Shri/Smt/Kumari Soumyarandani Mohapatra  
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.

*Soumyarandani Mohapatra*  
Signature

10-01-2023