DECLARATION

I ASHISH KUMAR SUAR alias ASHISH GARGASYA ......OFS (P)
Son/~~Daughter~~/Wife of...PANCHANAN SUAR.............. 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 - IRRIGATION COLONY PO- BHAWANIPATNA
   DIST- KALAHANDI , ODISHA , 766001

2. Permanent Address:-   — do —

3. Mark of Identification:-

   i) CUT MARK ON LEFT ELBOW REGION.

   ii) CUT MARK BELOW NOSE

4. Height:- 178 CM.

Place :- MDRAFM, Bhubaneswar

Date :- 10/01/2023   Signature

STATEMENT OF TRUTH
(UNDERTAKING)

I ...ASHISH KUMAR SUAR alias ASHISH GARGASYA...(full

name)Son/~~Daughter/Wife~~ of ...PANCHANAN SUAR...(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.

Signature

Date- 10|01|2022

Place- MDRAFM, Bhubaneswar.

FORM OF DECLARATION (APPLICABLE TO BOTH SEXES)

Shri/Smt/Kumari ___ASHISH KUMAR SUAR alras ASHISH GARGASYA.___ 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.

Signature