

FORM O.G.F.R. – 2
(See Rule – 63)

To

**The Director,
Madhusudan Das Regional Academy of Financial Management
(MDRAFM),
Bhubaneswar**

Sir,

In pursuance of Order No. 158/FCED^{notification}, dated 03-01-2023 I/We have this day 10-01-2023 in the forenoon/afternoon relinquished/ made over and taken over/ assumed charge of the joined as OFS probationer in the MDRAFM In the Khunda district.

Yours faithfully,

Place : MDRAFM, Bhubaneswar
Date : 10-01-2023

Signature of Relieving Officer

Signature of Relieved Officer

Additional information to be furnished in respect of
taking over charge of Government money.

I, (Relieving Officer) acknowledge to have received Rs. _____ (In Words) Rupees _____ of permanent advance and Rs. _____ (In Words) Rupees _____ of other cash and the full amount of such advances/cash is due from and to be accounted for by me.

Place :

Signature

Date :

(Relieving Officer)

Additional Information to be furnished regarding leave etc.

(i) By Relieved Officer

1. If proceeding on leave -
- (a) Address during leave -

(b) Place at which leave salary -
Is to be drawn

(If a treasury outside the state a
copy of the last pay certificate
should be furnished to the A.G.)

2. If on Transfer -
The post and station to which -
Transferred

3. If not proceeding on leave or on -
transfer, reasons for relinquishing
the charge

Signature
(Relieved Officer)
Date ;

(ii) By Relieving Officer

1. If returning from leave -
2. If on transfer from a post -
from which transferred
3. If not returning from leave or -
another post, reasons of taking
over charge

Signature
(Relieving Officer)
Date ;

Copy forwarded to

(Relieving Officer)

OFS (P) 2020 Batch

Roll No. :

Name of the Probationers (In Capital letter) : LIPILIPSA PRIYADARSHINGE

Name of the Father & Mother : FATHER: PRADIPTA KUMAR BEHERA
MOTHER: NAMITA BEHERA

DOB : 04-07-1994

Home District : PURI

Present Address : At: Sadhu Bhawan, I.B. Lane, Kanas, Po-Kanas
Dist: Puri, pin: 752017, Odisha

Permanent Address : At: Sadhu Bhawan, I.B. Lane, Kanas, Po-Kanas,
Dist: Puri, 752017, Odisha

Marital Status : Unmarried

Category : SC

Educational Qualification : Post graduate

Past Experience : No.

Area of Interest : Finance

PAN : DCNPP 2917M

Aadhar No. : 3055 4663 6078

Mobile / Whatsapp No. : 9078155090

Mail ID : lipilipsaa@gmail.com

DECLARATION

I ...*dipilepsa Priyadarshinee*.....OFS (P)
Son/Daughter/Wife of...*Pradipta Kumar Behena*.... 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: *Sadhu Bhawan, I.B. Lane, Kanas, Po-Kanas.*
PS- *Kanas, Dist: Puri, pin- 752017, Odisha*

2. Permanent Address:-

At: *Sadhu Bhawan, I.B. Lane, Kanas, Po-Kanas*
PS- *Kanas, Dist: Puri, pin 752017, Odisha*

3. Mark of Identification:-

i) *Black*
mole on left side of collarbone

ii) *mole* on left side shoulder.

4. Height:- *5 feet 3'*

Place :- *Bhubaneswar*

Date :- *10.01.2023*

dipilepsa Priyadarshinee
Signature

NON-EMPLOYMENT CERTIFICATE

I ..dipilepsa Priyadarshinee.....(full
name) Son/Daughter/Wife of ..Radipta Kumar Behera.....(full
name) declare that I have not been serving in any capacity either in a
Government Department/ Office / Company / Corporation /
Autonomous Body or Society of Central or State Government or Union
Territory or any other Local Authority as on I
am also not associated with any Company/Organisation/body engaged
in commercial activities.

dipilepsa Priyadarshinee

Signature

Date- 10.01.2023

Place- Bhubaneswar

STATEMENT OF TRUTH
(UNDERTAKING)

I ...dipilipsa Priyadarshinee.....(full
name) Son/Daughter/Wife of Pradipta Kumar Behera.....(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.

dipilipsa Priyadarshinee
Signature

Date- 10.01.2023

Place- Rhubanwar

FORM OF DECLARATION (APPLICABLE TO BOTH SEXES)

Shri/Smt/Kumari Dipilipsa Priyadarshinee
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.

Dipilipsa Priyadarshinee
Signature