

DECLARATION

I Prajyanta SamantarayOFS (P)
Son/Daughter/Wife of... Prasanta Kumar Samantaray 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- JHATIMATI COLONY, PO- D.N.K. MALKANGIRI
DIST- MALKANGIRI , STATE- ODISHA
PIN- 764048

2. Permanent Address:-

AT-JHATIMATI COLONY , PO-D.N.K. MALKANGIRI
DIST- MALKANGIRI , STATE- ODISHA
PIN- 764048

3. Mark of Identification:-

i) Mole on Right Hand

ii)

4. Height:- 5'3"

Place :- Bhubaneswar , MDRAFM

Date :- 10.01.2023

Prajyanta Samantaray
Signature

STATEMENT OF TRUTH
(UNDERTAKING)

I Prajnyanita Samantaray (full
name) Son/Daughter/Wife of Prasantakumar Samantaray (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.

Prajnyanita Samantaray
Signature

Date- 10.01.2023

Place- Bhubaneswar, MDRAFM

FORM OF DECLARATION (APPLICABLE TO BOTH SEXES)

Shri/Smt/Kumari Prajnyanita Samantaray
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.

Prajnyanita Samantaray
Signature