DECLARATION

- Son/Daughter/Wife of RHAJAMAHA MEHER 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/P.O. - BARPALI (W.H. 5) DIST- BARGARH PIN - 768029
- 2. Permanent Address:AT/PO-BARPALI (W.N. 5)
 DIST-BARGARH
 PIN-768029
- 3. Mark of Identification:
 - i) A BLACKMOLE ON RIGHT HAND
 - ii)
- 4. Height:- 150 CM .

Place: MDRAFM, Bhubanes ware

Date: - 10-01-2023

Larenie Rohèdas Signature

STATEMENT OF TRUTH (UNDERTAKING)

name)Son/Daughter/Wife of BHAJAMANA MEMLE....(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.

Laxini Rohidas Signature

Date- 10-01-2023

Place- MDRAFM, BhubanesWare

FORM OF DECLARATION (APPLICABLE TO BOTH SEXES)

Shri/Smt/Kumari___ LAXMI ROHIDAS 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.

> Larenie Rohidas Signature