

DECLARATION

I, Rajat vaishnav declare that the above is not applicable to me as
(name)

I have submitted a medical report** containing the above information to Immigration & Checkpoints Authority / Ministry of Manpower*** **(not more than two years ago)** when I was granted the

on _____ valid till _____
(dd/mm/yy) (dd/mm/yy) (pass type)

15 APRIL 2013

Signature & Date