Declaration

I hereby declare that my father/mother are dependent on me/are not dependent on me and their monthly income from all reliable sources is not more than Rs.1500/- / more than Rs.1500/-. They are residing / not residing with me.

2.	My	Wife/			working	in		
	•••••	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	••••••	•••••			
3.	It is als below:	so certified that a	at present my	residenti	al address is as gi	ven		
		••••••						
4.	My family details are given below: -							
	Sl.No.	 Name			Relationship			
	1	•••••	••••••	•••••	••••••			
	2	•••••	• • • • • • • • • • • • • • • • • • • •	•••••	•••••			
	3	•••••	• • • • • • • • • • • • • • • • • • • •	•••••	•••••			
	5	•••••	• • • • • • • • • • • • • • • • • • • •	•••••	•••••			
	6	•••••	• • • • • • • • • • • • • • • • • • • •	•••••	••••••			
	7	•••••	• • • • • • • • • • • • • • • • • • • •	•••••	•••••			
	8			•••••				
	Dated:	•••••						
					(Signa	ature)		
	Name:							
			Designation Emp. Code No					
				Cont. Phone (Off)				
			Interc	(Res.) Intercom(Division)				
		T '1						

DECLARATION

I, Dr./Shri/Shrimati/Kumari declare as under:					
*(a)	That I am unmarried/ a widower/ a widow.				
*(b)	That I am married and have only one wife living.				
*©	That am married and my husband has no other living wife, to the best of my knowledge.				
*(d)	That I am married and have more than one wife living . Application for grant of exemption is enclosed.				
*(e)	That I am married to a person who has already one wife or more living. Application for grant of exemption is enclosed.				
@	That 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 dismissed from my service.				
Dated:					
	(Signature)				
	Name Emp. Code No E-mail				
*	Delete clauses not applicable.				

- Applicable in the case of clauses (a), (b), (c) only. @