

ANNEXURE-A

I,.....S/o/D/o/W/o.....

Age..... resident of District hereby declare that the information given above and in the enclosed document(s) is true to the best of my knowledge and belief and nothing has been concealed therein. I am aware of the fact that if the information given by me is proved false/not true, I will have to face the punishment as per the law. Also, all the benefits availed by me shall be summarily withdrawn.

Signature:

Name:

Address: