

ANNEXURE – A

I, ..... S/o/D/o/W/o ..... Age.....  
resident of ..... District ..... hereby declare that the information  
given above and in the enclosed documents(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me shall be summarily withdrawn.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: