

**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availed by me shall be summarily withdrawn.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:

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