

DECLARATION BY THE APPLICANT

I,Dr._____S/o,D/o,W/o_____, certify that the particulars furnished are correct and true to the best of my knowledge and belief. I also agree that in the event of any of the particulars furnished in my application being found to be incorrect or false at a later date, my appointment will be cancelled summarily and I will be liable for punishments if any as per rules and law.

I,Dr._____S/o,D/o,W/o,_____will abide by the rules under which I may be appointed and in any part of BIRRD TRUST HOSPITAL / TTD Medical Institutions if selected. I will join in the place where I am posted as per the requirement of the department within the stipulated time specified by the authorities failing which I will forfeit my rights for appointed.

Station :

Date :

SIGNATURE OF THE APPLICANT