






(Please attach separate list on the same format, if required)

I Dr/ Mr. /Ms. \_\_\_\_\_ hereby solemnly declare that the information provided by me for the appointment under BPS is correct and true in all respects. If it is found fake or having incorrect information, at any point of time, the undersigned is liable for the penalty to be decided by the competent authority and my appointment may be cancelled.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of the Candidate**

Note:- Incomplete application or any application submitted after due date. Any sort of influence will also be accountable to non-consideration for further processing.

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