

Affidavit

I _____, aged _____ S/o, D/o

_____ permanent resident of _____

my temporary address is _____

I hereby swear an affidavit under oath that all certificates namely

- 1.
- 2.
- 3.
- 4.
- 5.

Exit in original with me, the particulars of which has been given while filling my application to District Health Society, Nalanda. All the particulars are true and match the original. All these documents can be produced by me in original as and when asked by District Health Society, Nalanda.

In the event of any wrong/ false claim or certificate, legal action can be initiate against me and my candidature/application can be terminated.

Signature of Applicant