## **ANNEXURE- IV A**

## **SELF DECLARATION BY INSERVICE CANDIDATES**

| I, Dr  |              |           |      | _      | _ Son/Daughter |        |              |               |            |       |     |
|--|--------------|-----------|------|--------|----------------|--------|--------------|---------------|------------|-------|-----|
|  |              | is        | in   |        | service        |        | and          |               | working    | as    |     |
|  |              | under     |      | the    |                | ad     | ministrative |               | control    |       | of  |
|  |              |           | _ I  | will   | put            | up     | the          | following     | service    | as    | on  |
| <del></del>  |              |           |      |        |                |        |              |               |            |       |     |
| 1) Tribal Service - Years :  | Months       |           |      | Days   | 3              |        |              |               |            |       |     |
| 2) Rural Service - Years :   |              |           | Days | 3      |                |        |              |               |            |       |     |
| I do hereby declare that I degree/Diploma in                                   | (Specify the | subject). | . Is | atisfy | the c          | lefini | tion o       | f "In service | e candidat | e" as | per |
| rule 3(2) explanation 1&2 of   |              |           |      | •      | •              | •      |              |               |            |       |     |
| <b>HM &amp; FW (E2)</b> , dt. 13-04-2006. of 8/7 to be eligible for deputation |              |           |      |        |                |        |              |               |            |       |     |
| If this declaration is found to be   |              |           |      | •      |                |        |              |               |            |       |     |
| addition to cancellation of admiss   |              | •         |      |        |                |        |              | · ·           |            |       |     |
| and correct.   |              |           |      |        |                |        |              |               |            |       |     |
|  |              |           |      |        |                |        |              |               |            |       |     |
| Date:  |              |           |      |        |                | Sig    | natur        | e of the ca   | ndidate    |       |     |
| Name (in capitals):  |              |           |      |        |                |        |              |               |            |       |     |
| Mobile Number:   |              |           |      |        |                |        |              |               |            |       |     |
| Address:   |              |           |      |        |                |        |              |               |            |       |     |