

## Affidavit

Affidavit to be furnished by a person along with the Application for the post  
Of Medical Officer MMHS Group A IN the pursuance of the Advertisement  
Number 02/2018 Dated 12/10/2018 published by District Selection Committee  
For Medical Officer Recruitment Established by Public Health Dept.  
Govt.of Maharashtra.

I ..... Son daughter /wife of .....  
.....aged about .....years resident of .....

Do hereby solemnly affirm / state on oath as under :-

1..I have Submitted my application for the Post of .....  
In pursuance of the Advertisement No.02/2018 dated 12/10/2018

2.I have read the provisions in the Rules and Notification of the Selection Board  
Carefully and I hereby undertake to abide by them .I further declare that I fulfill all  
The conditions of eligibility regarding age limits .educational qualifications.  
Experience if any .concession etc prescribed for the Post herein above.

3. I hereby declare that all the statements made in this application are true .  
Complete and correct to the best of my knowledge& belief .in the event of my  
Information being found false or incorrect or I am declared ineligible liable to be  
dismissed From service

4.If information given in this Affidavit on oath is found to be false i.e.not  
Supported by documentary proof at the time of verification by the Selection Board .I  
Will be liable to be blacklisted and Debarred from all further examinations and selection processes of the  
Selection Board :and liable for disciplinary proceedings if  
already in Government Service

Place:

Date: Signature of Deponent

.....  
.....

### VERIFICATION

I the above named deponent do hereby verify and declare that the contents  
Of this Affidavit are true and correct to the best of my knowledge and belief.No  
Part of it is false and nothing material has been concealed therein.

Verified at .....this .....day of .....20.....

Deponent

Notary