

DECLARATION BY THE UN-EMPLOYED
who claim fee exemption
(G.O. Ms. No. 439, GA(Ser-A) Dept., Dt. 18/10/1996)

1. Name of the Candidate : _____

2. Father's Name : _____

3. Date of Birth & Age : _____

4. Centre for Written Examination _____

5. Full Postal Address : _____

I hereby declare that I am not working in any Government Department/ Quasi Government/Public Sector/Private Sector.

I further declare that the information furnished by me is true and correct and my candidature shall be cancelled at any stage if it is found incorrect.

PLACE

FULL SIGNATURE OF THE CANDIDATE.

DATE

(Declaration not signed by the candidate
will be rejected)