

NATIONAL INSTITUTE OF NUTRITION
(Indian Council of Medical Research)
Jamia-Osmania, Hyderabad – 500 007

DECLARATION FORM

I. _____ declare as under:

- i) that I am unmarried/widower/widow
- ii) that I am married and have only one wife
that I am married to a person who has no other wife living.

I request that in view of the reasons stated below, I may be granted exemption from the operation of restriction on the recruitment of service to persons having more than one wife living or having married to a persons having married to a person having more than one wife living.

() Reasons:

2. I solemnly affirm that the above declaration is true and I understand that in the event of the declaration being found to be incorrect after my appointment, I shall be liable to be dismissed from service.

Date:

Signature:

Please delete clauses not applicable.

Please continue on a separate sheet, if necessary.