

DECLARATION

(To be furnished by the applicant for appointment as MPKBY Agent alongwith the application)

I W/O / D/O
Thiru..... resident of solemnly
affirm as under :-

1. That I am not an employee of the Central Government or Government of the Union Territory of Puducherry and undertake to inform the appointing authority and give up the agency whenever I enter such employment.

2. That none of my near relative is working in the Postal Department in a non-gazetted capacity in the same Division where the agency falls.

3. That none of my near relative who is dependant on me is working in the Postal Department in a non-gazetted capacity in the Union Territory where the agency falls.

4. That none of my near relative is working in the Postal Department in a Gazetted capacity anywhere in India.

5. That I would apply for my renewal of agency in 45 days in advance.

6. That I would procure business myself.

7. That I would not sit in the Post Office. If I am found without any business in the Post Office, my agency may be terminated.

8. I further declare that none my near relatives (i.e. my husband, legitimate child or step child, father / step father, mother / step mother, brother/Step brother, sister / step sister, father in law, mother in law, brother in law, sister-in-law, son-in-law or daughter in law), is employed under the Control of State/Union Territory Government.

OR

9. I give below the particulars of my near relatives (i.e. my husband, legitimate child or step child, father / step father, mother / step mother, brother / Step brother, sister / step sister, father in law, mother in law, brother in law, sister-in-law, son-in-law or daughter in law), is employed under the Central / Union Territory Government.

S.No.	Name of relative	Relationship with the applicant	Name and address of office where employed and designation

I attach the communication(s) in original from the Head(s) of Office/ Department where the above mentioned person(s) is / are employed to the effect that there is no objection to my being appointed as Agent under the above said Agency.

DEPONENT

I verify that the affirmations made by me as above are correct to the best of my knowledge and belief and that no material facts have been concealed by me.

DEPONENT

Signed in my presence (Witnesses)

1. Signature

2. Signature

Name & Address

Name & Address

(To be attached by the applicant with the application)

CONDUCT CERTIFICATE

Certified that Tmt / Selvi W/o./
D/oresident of is
personally known to me fo.r the last years (Not less than 2
years) and to the best of my knowledge and belief she is a person of integrity and
good conduct. She is not related to me.

Signature:
Name and Address :
Seal :

Date :

CONDUCT CERTIFICATE

Certified that Tmt / Selvi W/o./
D/oresident of is
personally known to me fo.r the last years (Not less than 2
years) and to the best of my knowledge and belief she is a person of integrity and
good conduct. She is not related to me.

Signature:
Name and Address :
Seal :

Date :